

Lower urinary tract symptoms in men

Information for the public

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About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about lower urinary tract symptoms in men that is set out in NICE guideline CG97.

This is an update of advice on lower urinary tract symptoms in men that NICE produced in 2010.

Does this information apply to me?

Yes, if you are a man (aged 18 or over) with symptoms affecting the lower urinary system (the bladder, prostate gland and urethra).

Your care team

A range of professionals who specialise in different areas of treatment or support may be involved in your care. These could include urologists (doctors specialising in the urinary system), continence and urology nurses, physiotherapists, and geriatricians (doctors specialising in care for older people). All of these professionals will be trained and experienced in providing particular treatments or support.

Working with you

Your care team should talk with you about lower urinary tract symptoms. They should explain any tests, treatments or support you should be offered so that you can decide together what is best for you. Your family or carer can be involved in helping to make decisions, but only if you agree. There are questions throughout this document that you can use to help you talk with your care team.

You may also like to read NICE's information for the public on [patient experience in adult NHS services](#). This sets out what adults should be able to expect when they use the NHS. We also have more information on the NICE website about [using health and social care services](#).

Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to your care team.

Urinary symptoms in men

The lower urinary tract consists of the bladder (the organ that holds urine), prostate gland (which produces the fluid that carries semen when a man ejaculates) and urethra (the tube that carries urine from the bladder to the end of the penis). This information 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 2 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 medicines you may be taking, including any herbal supplements. They should offer to test your urine, for example to test for glucose (sugar) or blood. This is to see if you have diabetes or an infection.

Your healthcare professional should offer you a physical examination, including a rectal examination. This involves feeling inside your rectum (back passage) 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, 1 of which is prostate cancer, but this is rare. You can take your time to decide if you would like to have this test.

The organisations listed in [more information](#) may be able to give you more information on PSA testing. NICE has produced a separate guideline on [prostate cancer](#).

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](#)). 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.

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 in [treating urinary symptoms](#) 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 [treating urinary retention](#))
- kidney problems
- stress incontinence (see [storage symptoms](#)).

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 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

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 information, please talk to a member of your healthcare team.

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 medicines 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 finishing urinating. You can improve symptoms of an overactive bladder (see [storage symptoms](#)) 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 [storage symptoms](#)) 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.

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?

Medicines

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 medicine. This may include the medicines described in the table below (or combinations of these) depending on your symptoms, any other conditions you have and any other medicines you are taking.

What medicine 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 medicines have not been 'licensed' (approved) specifically for treating urinary symptoms in the UK. If you are offered these, it will be an 'off-label' use of the medicine. Your healthcare professional should make sure you understand the risks and benefits before agreeing to treatment.

In the UK, medicines are licensed to show that they work well enough and are safe enough to be used for specific conditions and groups of people. Some medicines can also be helpful for conditions or people they are not specifically for. This is called 'off-label' use. Off-label use might also mean the medicine is taken at a different dose or in a different way to the licence, such as using a cream or taking a tablet.

There is more information about licensing medicines on [NHS Choices](#).

If you take any of these medicines, 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.

You will not normally be offered a medicine called a phosphodiesterase-5-inhibitor, unless you are taking part in a clinical trial. This is because it isn't clear how helpful they are for men with urinary symptoms.

There is more information about clinical trials on [NHS Choices](#).

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 medicines.

Questions you might like to ask about medicines

- Why have you offered me this type of medicine?
- 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 medicine 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 called intermittent catheterisation). 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 medicine 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.

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?
Transurethral resection of the prostate (TURP), transurethral vaporisation of the prostate (TUVP), holmium laser enucleation of the prostate (HoLEP), and transurethral incision of the prostate (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 through a cut in your body	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 ^a
Botulinum toxin	Injections of botulinum toxin into the walls of the bladder ^b	Men whose bladder muscle contracts before the bladder fills ^a
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 medicine, 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

^a 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.

^b Botulinum toxin has not been 'licensed' (approved) for this use in the UK. If you are offered botulinum toxin, it will be an 'off-label' use of the medicine. Your healthcare professional should make sure you understand the risks and benefits before agreeing to treatment.

In the UK, medicines are licensed to show that they work well enough and are safe enough to be used for specific conditions and groups of people. Some medicines can also be helpful for conditions or people they are not specifically for. This is called 'off-label' use. Off-label use might also mean the medicine is taken at a different dose or in a different way to the licence, such as using a cream or taking a tablet.

There is more information about licensing medicines on [NHS Choices](#).

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 short version of the guideline, which is available on the [NICE website](#).

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
- Cystitis and Overactive Bladder Foundation, 0121 702 0820 www.cobfoundation.org, info@cobfoundation.org
- Men's Health Forum www.menshealthforum.org.uk, manmot@menshealthforum.org.uk
- Prostate Cancer UK, 0800 074 8383 www.prostate-cancer.org.uk

For people with spinal injuries and urinary symptoms

- Spinal Injuries Association, 0800 980 0501 www.spinal.co.uk

You can also go to [NHS Choices](#) for more information.

Other NICE guidance

- [Bladder cancer](#) (2015) NICE guideline NG2
- [Prostate cancer](#) (2014) NICE guideline CG175
- [Urinary incontinence in women](#) (2013) NICE guideline CG171
- [Mirabegron for treating symptoms of overactive bladder](#) (2013) NICE technology appraisal guidance 290
- [Urinary incontinence in neurological disease](#) (2012) NICE guideline CG148
- [Referral guidelines for suspected cancer](#) (2005) NICE guideline CG27

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