

# Lower urinary tract symptoms in men

Quality standard

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[www.nice.org.uk/guidance/qs45](http://www.nice.org.uk/guidance/qs45)

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This standard is based on CG97.

This standard should be read in conjunction with QS15, QS90, QS91 and QS108.

## Introduction

This quality standard covers the diagnosis and management of lower urinary tract symptoms (LUTS) in men (18 years and older). For more information see the [scope](#).

## Why this quality standard is needed

LUTS are storage, voiding and post-micturition symptoms that affect the lower urinary tract. These 3 types of symptom are used to help define the source of the problem. Storage symptoms include frequency, nocturia, urgency and urgency incontinence. Voiding symptoms include weak stream, intermittent urinary stream, straining to void, hesitancy and terminal dribbling. The most common post-micturition symptoms are the feeling of incomplete emptying and post-micturition dribbling, which is a common and bothersome symptom. Although LUTS do not usually cause severe illness, they can considerably reduce a man's quality of life, and may indicate serious underlying pathology of the urogenital tract.

Age is an important risk factor for LUTS and the prevalence increases as men get older. Bothersome LUTS can occur in up to 30% of men over 65 years. This is a large group potentially needing treatment.

## How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following outcomes framework published by the Department of Health:

- [NHS Outcomes Framework 2013/14](#)

Table 1 shows the outcomes, overarching indicators and improvement areas from the frameworks

that the quality standard could contribute to achieving:

**Table 1 NHS Outcomes Framework 2013/14**

Domain	Overarching indicators and improvement areas
<p>2 Enhancing quality of life for people with long-term conditions</p>	<p><i>Overarching indicator</i></p> <p>2 Health-related quality of life for people with long-term conditions</p> <p><i>Improvement areas</i></p> <p><b>Ensuring people feel supported to manage their condition</b></p> <p>2.1 Proportion of people feeling supported to manage their condition</p> <p><b>Improving functional ability in people with long-term conditions</b></p> <p>2.2 Employment of people with long-term conditions</p> <p><b>Enhancing quality of life for carers</b></p> <p>2.4 Health-related quality of life for carers</p>
<p>4 Ensuring that people have a positive experience of care</p>	<p><i>Overarching indicator</i></p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>ii GP out of hours services</p> <p>4b Patient experience of hospital care</p> <p><i>Improvement areas</i></p> <p><b>Improving people's experience of outpatient care</b></p> <p>4.1 Patient experience of outpatient services</p> <p><b>Improving hospitals' responsiveness to personal needs</b></p> <p>4.2 Responsiveness to inpatients' personal needs</p> <p><b>Improving people's experience of accident and emergency services</b></p> <p>4.4 Access to i GP services</p>

## Coordinated services

The quality standard for LUTS specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole LUTS care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to men with LUTS.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality service for men with LUTS are listed in [Related quality standards](#).

## Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating LUTS in men should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

Community and hospital pharmacists also offer advice and education for men with LUTS and can also direct men to other sources of help and support. Pharmacists offering this service should have training and mentoring for this role.

## Role of families and carers

Quality standards recognise the important role families and carers have in supporting men with LUTS. If appropriate, healthcare professionals and social care and public health practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.



## List of quality statements

Statement 1. Men with lower urinary tract symptoms (LUTS) are offered a full physical examination, including a digital rectal examination, as part of their initial assessment.

Statement 2. Men with bothersome lower urinary tract symptoms (LUTS) are asked to complete a urinary frequency and volume chart, as part of their initial assessment.

Statement 3. Men with lower urinary tract symptoms (LUTS) whose symptoms are not bothersome or complicated are given written advice on lifestyle interventions, as part of their initial assessment.

Statement 4. Men with lower urinary tract symptoms (LUTS) who have urinary incontinence are offered a choice of temporary containment products, as part of their initial assessment.

Statement 5. Men with lower urinary tract symptoms (LUTS) who have post-micturition dribble are given information about how to perform urethral milking.

Statement 6. Men with lower urinary tract symptoms (LUTS) who are prescribed drug treatments to manage symptoms receive a timely medication review.

Statement 7. Men with lower urinary tract symptoms (LUTS) are offered a measurement of flow rate and post-void residual volume, as part of their specialist assessment.

Statement 8. Men with voiding symptoms are offered surgery only if voiding symptoms are severe or if drug treatment and conservative management have been unsuccessful or are not appropriate.

# Quality statement 1: Initial assessment – physical examination

## Quality statement

Men with lower urinary tract symptoms (LUTS) are offered a full physical examination, including a digital rectal examination, as part of their initial assessment.

## Rationale

It is important to carry out a full physical examination so that abnormalities of the abdomen and external genitalia are not missed and left untreated. Performing a digital rectal examination is essential to assess the size of the prostate and to detect abnormalities that might indicate malignancy. It is also good practice to identify abnormalities, such as prostatitis (inflammation of the prostate) and associated conditions, which might affect bladder function.

## Quality measures

### Structure

Evidence of local arrangements to ensure that men with LUTS are offered a full physical examination, including a digital rectal examination, as part of their initial assessment.

*Data source:* Local data collection.

### Process

Proportion of men with LUTS who receive a full physical examination, including a digital rectal examination, as part of their initial assessment.

Numerator – the number of men in the denominator who receive a full physical examination, including a digital rectal examination, as part of their initial assessment.

Denominator – the number of men who present with LUTS.

*Data source:* Local data collection.

## What the quality statement means for service providers, healthcare professionals and commissioners

**Service providers** ensure that systems are in place to provide a full physical examination, including a digital rectal examination, for men with LUTS, as part of their initial assessment.

**Healthcare professionals** ensure that they offer men with LUTS a full physical examination, including a digital rectal examination, as part of their initial assessment.

**Commissioners** ensure that they commission services with local arrangements to offer men with LUTS a full physical examination, including a digital rectal examination, as part of their initial assessment.

## What the quality statement means for patients, service users and carers

Men with LUTS are offered a full physical examination, which includes the healthcare professional feeling inside the rectum to check the prostate gland, as part of their initial assessment.

## Source guidance

- Lower urinary tract symptoms (NICE clinical guideline 97), recommendation [1.1.2](#) (key priority for implementation).

## Definitions of terms used in this quality statement

### Physical examination

An examination of the abdomen and external genitalia, and a digital rectal examination. [NICE clinical guideline 97](#) recommends physical examination at initial assessment guided by urological symptoms and other medical conditions.

### Digital rectal examination

A routine test that is used to detect abnormalities of the prostate gland. The doctor or nurse inserts a gloved and lubricated finger (digit) into the man's rectum, which lies just behind the prostate gland.

## Initial assessment

Initial assessment refers to the first assessment within the assessment process, carried out in any setting by a healthcare professional without specific training in managing LUTS in men. Initial assessment may involve a range of assessments as outlined in [NICE clinical guideline 97](#) depending on the presenting symptoms. Based on expert consensus, the initial assessment may involve more than 1 consultation but normally no more than 3 consultations.

## Equality and diversity considerations

When offering a digital rectal examination, healthcare professionals should provide information about the examination that reflects any religious, ethnic, transgender or cultural needs and takes into account learning disabilities, or difficulties in communication or reading.

Men provided with information should have access to an interpreter or advocate if needed.

# Quality statement 2: Initial assessment – urinary frequency and volume chart

## Quality statement

Men with bothersome lower urinary tract symptoms (LUTS) are asked to complete a urinary frequency and volume chart, as part of their initial assessment.

## Rationale

Urinary frequency and volume charts add important information to the medical history. They can also help the healthcare professional to make an accurate diagnosis and to distinguish nocturnal polyuria (greater than a third of daily urine output during the night) from detrusor overactivity (normal urine production but increased urinary frequency with urgency and small volumes of urine passed each time).

## Quality measures

### Structure

Evidence of local arrangements to ensure that men with bothersome LUTS are asked to complete a urinary frequency and volume chart, as part of their initial assessment.

*Data source:* Local data collection.

### Process

Proportion of men with bothersome LUTS who complete a urinary frequency and volume chart, as part of their initial assessment.

Numerator – the number of men in the denominator who complete a urinary frequency and volume chart, as part of their initial assessment.

Denominator – the number of men who present with bothersome LUTS.

*Data source:* Local data collection.

## What the quality statement means for service providers, healthcare professionals and commissioners

**Service providers** ensure that local arrangements are in place to ask men with bothersome LUTS to complete a urinary frequency and volume chart, as part of their initial assessment.

**Healthcare professionals** ensure that they ask men with bothersome LUTS to complete a urinary frequency and volume chart, as part of their initial assessment.

**Commissioners** ensure that they commission services with local arrangements to ask men with bothersome LUTS to complete a urinary frequency and volume chart, as part of their initial assessment.

## What the quality statement means for patients, service users and carers

Men with bothersome LUTS are asked, as part of their initial assessment, to record how often they pass urine and the amount of urine passed.

## Source guidance

- Lower urinary tract symptoms (NICE clinical guideline 97), recommendation [1.1.3](#) (key priority for implementation).

## Definitions of terms used in this quality statement

### Bothersome LUTS

Bothersome LUTS are symptoms at presentation that are worrying, troublesome or have an impact on a man's quality of life. These may vary based on the individual man's circumstances. This quality statement does not cover men who may present seeking reassurance related only to concerns about the risk of prostate cancer.

### A urinary frequency and volume chart

A simple, non-invasive tool used as part of the initial assessment of men presenting with LUTS. A urinary frequency and volume chart records voided volumes and times of voiding (day and night) for at least 3 days.

## Initial assessment

Initial assessment refers to the first assessment within the assessment process, carried out in any setting by a healthcare professional without specific training in managing LUTS in men. Initial assessment may involve a range of assessments as outlined in [NICE clinical guideline 97](#) depending on the presenting symptoms. Based on expert consensus, the initial assessment may involve more than 1 consultation but normally no more than 3 consultations.

## Equality and diversity considerations

All information about the urinary frequency and volume chart should be accessible to men with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Men receiving information should have access to an interpreter or advocate if needed.

Men who have physical, sensory or cognitive impairment may need help to complete the chart. If possible, carers should be instructed in how they can help to complete the chart.

Men should be provided with information that reflects any religious, ethnic, transgender or cultural needs.

## Quality statement 3: Initial assessment – advice on lifestyle interventions

### Quality statement

Men with lower urinary tract symptoms (LUTS) whose symptoms are not bothersome or complicated are given written advice on lifestyle interventions, as part of their initial assessment.

### Rationale

It is important to offer advice on lifestyle interventions as soon as possible so that the man is aware of all the options that might help to manage his condition. The content of this advice should be holistic and cover the benefits of attaining and maintaining a healthy weight, exercise and healthy eating. Also, the man should be given advice on specific health interventions, such as altering the type, quantity and timing of fluid and food intake, pelvic floor exercises and bladder training.

### Quality measures

#### Structure

Evidence of local arrangements to ensure that men with LUTS whose symptoms are not bothersome or complicated are given written advice on lifestyle interventions, as part of their initial assessment.

*Data source:* Local data collection.

#### Process

Proportion of men with LUTS whose symptoms are not bothersome or complicated who are given written advice on lifestyle interventions, as part of their initial assessment.

Numerator – the number of men in the denominator who are given written advice on lifestyle interventions, as part of their initial assessment.

Denominator – the number of men who present with LUTS whose symptoms are not bothersome or complicated.



*Data source:* Local data collection.

## Outcome

Men with LUTS whose symptoms are not bothersome or complicated feel informed about lifestyle options that might help to manage their condition.

*Data source:* Local data collection.

## What the quality statement means for service providers, healthcare professionals and commissioners

**Service providers** ensure that local arrangements are in place to provide men with LUTS whose symptoms are not bothersome or complicated written advice on lifestyle interventions, as part of their initial assessment.

**Healthcare professionals** provide men with LUTS whose symptoms are not bothersome or complicated written advice on lifestyle interventions, as part of their initial assessment.

**Commissioners** ensure that they commission services with local arrangements to provide men with LUTS whose symptoms are not bothersome or complicated written advice on lifestyle interventions, as part of their initial assessment.

## What the quality statement means for patients, service users and carers

**Men with LUTS** whose symptoms are not bothersome or complicated are given written advice, as part of their initial assessment, on diet and fluid intake and avoiding things that can irritate the bladder (for example, certain foods, caffeine and smoking). They are also given information about special exercises to improve their symptoms.

## Source guidance

- Lower urinary tract symptoms (NICE clinical guideline 97), recommendation [1.1.12](#).

## Definitions of terms used in this quality statement

### Advice on lifestyle interventions

Advice on lifestyle interventions should be holistic and cover the benefits of attaining and maintaining a healthy weight, exercise and healthy eating. Also, the man should be advised on specific health interventions, such as altering the type, quantity and timing of fluid and food intake and avoiding bladder irritants (for example, certain foods, caffeine and smoking). Advice should also include information about pelvic floor exercises and bladder training.

### Initial assessment

Initial assessment refers to the first assessment within the assessment process, carried out in any setting by a healthcare professional without specific training in managing LUTS in men. Initial assessment may involve a range of assessments as outlined in [NICE clinical guideline 97](#) depending on the presenting symptoms. Based on expert consensus, the initial assessment may involve more than 1 consultation but normally no more than 3 consultations.

### Written advice

Written advice may be presented in leaflet form, but may also be presented in picture format or demonstrated online.

### Equality and diversity considerations

All written advice should be accessible to men with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Men receiving information should have access to an interpreter or advocate if needed.

Men should be provided with information that reflects any religious, ethnic, transgender or cultural needs.

# Quality statement 4: Conservative management – temporary containment products

## Quality statement

Men with lower urinary tract symptoms (LUTS) who have urinary incontinence are offered a choice of temporary containment products, as part of their initial assessment.

## Rationale

Temporary containment products (for example, pads or collecting devices) help manage incontinence, offering security and comfort. These products can help men to continue their normal daily activities, including social activities, and therefore improve quality of life.

It is important that a choice of suitable containment products is offered by a healthcare professional as early as possible, even if there is no definite diagnosis and agreed plan on how to manage the symptoms. Containment products only help manage the urinary incontinence – they are not a cure and should not generally be a long-term solution, unless other treatments don't help or are unsuitable.

## Quality measures

### Structure

Evidence of local arrangements to ensure that men with LUTS who have urinary incontinence are offered a choice of temporary containment products, as part of their initial assessment

*Data source:* Local data collection.

### Process

Proportion of men with LUTS who have urinary incontinence who receive temporary containment products, as part of their initial assessment.

Numerator – the number of men in the denominator who receive a temporary containment product, as part of their initial assessment.

Denominator – the number of men who present with LUTS and urinary incontinence.

*Data source:* Local data collection.

## What the quality statement means for service providers, healthcare professionals and commissioners

**Service providers** ensure that local arrangements are in place for men with LUTS who have urinary incontinence to be offered a choice of temporary containment products, as part of their initial assessment.

**Healthcare professionals** ensure that men with LUTS who have urinary incontinence are offered a choice of temporary containment products, as part of their initial assessment.

**Commissioners** ensure that they commission services with local arrangements to offer men with LUTS who have urinary incontinence a choice of temporary containment products, as part of their initial assessment.

## What the quality statement means for patients, service users and carers

Men with LUTS who have urinary incontinence (involuntary leakage of urine) are offered a choice of temporary containment products (for example, absorbent pads or a collecting bag) at their initial assessment to help them manage their symptoms.

## Source guidance

- Lower urinary tract symptoms (NICE clinical guideline 97), recommendations [1.3.2](#) (key priority for implementation) and [1.3.3](#).

## Definitions of terms used in this quality statement

### Temporary containment products

Containment products are designed to contain or divert the urine leaked during an episode of incontinence and are widely used by men with LUTS and incontinence. Products include absorbent pads (pads worn next to the body, pants with integral pads, bed pads), external collection devices (sheath appliances, pubic pressure urinals), disposable and reusable pads. Based on expert

consensus, temporary containment products are used for a maximum of 3 months, by which time their use should be reviewed and a management plan should be in place.

## Initial assessment

Initial assessment refers to the first assessment within the assessment process, carried out in any setting by a healthcare professional without specific training in managing LUTS in men. The inclusion of 'as part of their initial assessment' in this quality statement on conservative management is based on expert consensus to reflect the need for containment products to be offered as soon as possible. Based on expert consensus, the initial assessment may involve more than 1 consultation but normally no more than 3 consultations.

## Equality and diversity considerations

When offering a choice of temporary containment products as part of the initial assessment, healthcare professionals should provide information about the products that reflects any religious, ethnic, transgender or cultural needs.

# Quality statement 5: Conservative management – urethral milking

## Quality statement

Men with lower urinary tract symptoms (LUTS) who have post-micturition dribble are given information about how to perform urethral milking.

## Rationale

Urethral milking is a technique that when performed correctly reduces urine loss and can usually be learnt in 1 session by men with LUTS who have post-micturition dribble. Men with LUTS who have post-micturition dribble should be shown urethral milking by a healthcare professional and this demonstration should be reinforced by written information.

## Quality measures

### Structure

Evidence of local arrangements to ensure that men with LUTS who have post-micturition dribble are given information about how to perform urethral milking.

*Data source:* Local data collection.

### Process

Proportion of men with LUTS and post-micturition dribble who are given information about how to perform urethral milking.

Numerator – the number of men in the denominator who are given information about how to perform urethral milking.

Denominator – the number of men with LUTS who have post-micturition dribble.

*Data source:* Local data collection.

## Outcome

Men with LUTS and post-micturition dribble feel informed about how to perform urethral milking to help them to manage their condition.

*Data source:* Local data collection.

## What the quality statement means for service providers, healthcare professionals and commissioners

**Service providers** ensure that local arrangements are in place for men with LUTS who have post-micturition dribble to be given information about how to perform urethral milking.

**Healthcare professionals** ensure that men with LUTS who have post-micturition dribble are given information about how to perform urethral milking.

**Commissioners** ensure that they commission services with local arrangements to give men with LUTS who have post-micturition dribble information about how to perform urethral milking.

## What the quality statement means for patients, service users and carers

**Men with LUTS who have post-micturition dribble** (leakage of urine after urination) are given information about how to empty the urethra (urethral milking) and stop urine leakage.

## Source guidance

- Lower urinary tract symptoms (NICE clinical guideline 97), recommendation [1.3.1](#).

## Definitions of terms used in this quality statement

### Post-micturition dribble

Post-micturition dribble describes the involuntary loss of urine immediately after passing urine, usually in the first few minutes after leaving the toilet.

## Urethral milking

Urethral milking is also known as post-void milking, bulbar urethral elevation or bulbar urethral massage. Urethral milking eliminates post-micturition dribble caused by incomplete emptying of the urethra by the surrounding muscles rather than by obstruction.

## Information on urethral milking

Information on urethral milking may be presented in a combination of formats including leaflet form, in picture format and through demonstration (including online materials).

## Equality and diversity considerations

All information on urethral milking should be accessible to men with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Men receiving information should have access to an interpreter or advocate if needed.

Men should be provided with information that reflects any religious, ethnic, transgender or cultural needs.



## Quality statement 6: Medication review

### Quality statement

Men with lower urinary tract symptoms (LUTS) who are prescribed drug treatments to manage symptoms receive a timely medication review.

### Rationale

It is important that men with LUTS who are taking drug treatments for their symptoms have a medication review initiated promptly after their treatment has been prescribed. The review of the drugs prescribed to manage LUTS, to timescales recommended in [NICE clinical guideline 97](#), will inform decisions about their continued use, taking into account the effect of these drugs on symptoms and quality of life, as well as any adverse effects.

### Quality measures

#### Structure

Evidence of local arrangements to ensure that men with LUTS receive a timely medication review.

*Data source:* Local data collection.

#### Process

a) Proportion of men with LUTS prescribed alpha-blockers who receive an initial medication review at 4–6 weeks.

Numerator – the number of men in the denominator who receive an initial medication review at 4–6 weeks.

Denominator – the number of men with LUTS prescribed alpha-blockers.

*Data source:* Local data collection.

b) Proportion of men with LUTS prescribed 5-alpha reductase inhibitors who receive an initial medication review at 3–6 months.

Numerator – the number of men in the denominator who receive an initial medication review at 3–6 months.

Denominator – the number of men with LUTS prescribed 5-alpha reductase inhibitors.

*Data source:* Local data collection.

c) Proportion of men with LUTS prescribed anticholinergics who receive an initial medication review every 4–6 weeks until symptoms are stable.

Numerator – the number of men in the denominator who receive an initial medication review every 4–6 weeks until symptoms are stable.

Denominator – the number of men with LUTS prescribed anticholinergics.

*Data source:* Local data collection.

## What the quality statement means for service providers, healthcare professionals and commissioners

**Service providers** ensure that local arrangements are in place to provide a timely medication review for men with LUTS.

**Healthcare professionals** carry out a timely medication review for men with LUTS to assess treatment response.

**Commissioners** ensure that they commission services with local arrangements to provide a timely medication review for men with LUTS.

## What the quality statement means for patients, service users and carers

**Men with LUTS** taking drug treatments to help manage their symptoms have their drug treatment reviewed at an agreed time soon after they start taking the drugs.

## Source guidance

- Lower urinary tract symptoms (NICE clinical guideline 97), recommendations [1.4.12](#), [1.4.13](#) and [1.4.14](#).

# Quality statement 7: Specialist assessment – flow rate and post-void residual volume

## Quality statement

Men with lower urinary tract symptoms (LUTS) are offered a measurement of flow rate and post-void residual volume, as part of their specialist assessment.

## Rationale

Measuring flow rate and post-void residual volume by post-micturition bladder scan allows a healthcare professional with specific training to more accurately determine the cause of the LUTS (for example, prostatic obstruction). Both measurements are performed as part of a specialist assessment and are non-invasive and time efficient.

## Quality measures

### Structure

Evidence of local arrangements to ensure that men with LUTS are offered a measurement of flow rate and post-void residual volume, as part of their specialist assessment.

*Data source:* Local data collection.

### Process

Proportion of men with LUTS who have flow rate and post-void residual volume measured, as part of their specialist assessment.

Numerator – the number of men in the denominator who have flow rate and post-void residual volume measured at the time of specialist assessment.

Denominator – the number of men with LUTS undergoing specialist assessment.

*Data source:* Local data collection.

## What the quality statement means for service providers, healthcare professionals, and commissioners

**Service providers** ensure that there are local arrangements for men with LUTS to be offered a measurement of flow rate and post-void residual volume, as part of their specialist assessment.

**Healthcare professionals** offer men with LUTS a measurement of flow rate and post-void residual volume, as part of their specialist assessment.

**Commissioners** ensure that they commission services with local arrangements to offer men with LUTS a measurement of flow rate and post-void residual volume, as part of their specialist assessment.

## What the quality statement means for patients, service users and carers

**Men with LUTS** are offered tests to measure how fast their urine is flowing and the volume of urine left in the bladder after they have been to the toilet, as part of their specialist assessment.

## Source guidance

- Lower urinary tract symptoms (NICE clinical guideline 97), recommendation [1.2.5](#).

## Definitions of terms used in this quality statement

### Flow rate

Flow rate refers to the speed at which the urine is passed in millilitres of urine passed per second (ml/s).

### Post-void residual volume

Post-void residual volume can be measured by portable non-invasive ultrasound devices, which scan and calculate the volume of urine in the bladder.

### Specialist assessment

Specialist assessment refers to assessment carried out in any setting by a healthcare professional

with specific training in the management of LUTS in men.

# Quality statement 8: Surgery for voiding symptoms

## Quality statement

Men with voiding symptoms are offered surgery only if voiding symptoms are severe or if drug treatment and conservative management have been unsuccessful or are not appropriate.

## Rationale

This quality statement aims to ensure the appropriate offer of surgery to men with voiding symptoms.

For some men with voiding symptoms, surgery can improve symptoms. But it should be offered only to men with severe symptoms or to men in whom drug treatment and conservative management have not worked. Men with mild or moderate symptoms should try other treatments before surgery. Men with severe symptoms are still eligible for drug treatment and conservative management.

## Quality measures

### Structure

Evidence of local arrangements to ensure that men with voiding symptoms are offered surgery only if voiding symptoms are severe or if drug treatment and conservative management have been unsuccessful or are not appropriate.

*Data source:* Local data collection.

### Process

Proportion of men with voiding symptoms offered surgery whose symptoms are severe or in whom drug treatment and conservative management have been unsuccessful or are not appropriate.

Numerator – the number of men in the denominator who are offered surgery.

Denominator – the number of men with voiding symptoms whose symptoms are severe or in whom drug treatment and conservative management have been unsuccessful or are not appropriate.

*Data source:* Local data collection.

## What the quality statement means for service providers, healthcare professionals, and commissioners

**Service providers** ensure that local arrangements are in place to offer surgery to men with voiding symptoms only if voiding symptoms are severe or if drug treatment and conservative management have been unsuccessful or are not appropriate.

**Healthcare professionals** offer surgery to men with voiding symptoms only if voiding symptoms are severe or if drug treatment and conservative management have been unsuccessful or are not appropriate.

**Commissioners** ensure that they commission services with local arrangements to offer surgery to men with voiding symptoms only if voiding symptoms are severe or if drug treatment and conservative management have been unsuccessful or are not appropriate.

## What the quality statement means for patients, service users and carers

**Men with voiding symptoms** (problems passing urine) are offered an operation only if voiding symptoms are severe or if drug treatment and other management options have been unsuccessful or are not appropriate.

## Source guidance

Lower urinary tract symptoms (NICE clinical guideline 97), recommendation [1.5.1](#).

## Definitions of terms used in this quality statement

### Voiding symptoms

Voiding symptoms include weak or intermittent urinary stream, straining, hesitancy, terminal dribbling and incomplete emptying. The International Prostate Symptom Score (IPSS) categorises levels of severity. A score of 20–35 is for severe symptoms. A score of 8–19 is for moderate



symptoms and a score of 0–8 is for mild symptoms.

# Using the quality standard

## Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

## Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

## Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, healthcare professionals, patients and carers alongside the documents listed in [Development sources](#).

## Information for commissioners

NICE has produced [support for commissioning](#) that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

## Information for the public

NICE has produced [information for the public](#) about this quality standard. Patients and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

## Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between healthcare professionals and men with lower urinary tract symptoms is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Men with lower urinary tract symptoms should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## Development sources

Further explanation of the methodology used can be found in the quality standards [process guide](#) on the NICE website.

## Evidence sources

The document below contains recommendations from NICE guidance that was used by the Topic Expert Group to develop the quality standard statements and measures.

- [Lower urinary tract symptoms](#). NICE clinical guideline 97 (2010).

## Related NICE quality standards

### Published

- [Patient experience in adult NHS services](#). NICE quality standard 15 (2012).

### Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Urinary tract infections.
- Urinary incontinence in women.
- Prostate cancer.
- Referral for suspected cancer.

## Topic Expert Group and NICE project team

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## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathway on [lower urinary tract symptoms in men](#).

### Changes after publication

April 2015: minor maintenance

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## Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

## Supporting organisation

Many organisations share NICE's commitment to quality improvement using evidence-based

guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Association for Clinical Biochemistry and Laboratory Medicine