

Lower urinary tract symptoms
(LUTS) in men

Implementation advice

2nd Edition - November 2012



This implementation advice accompanies the clinical guideline: 'The management of lower urinary tract symptoms in men' (available online at: www.nice.org.uk/CG97).

This second edition contains details of the Lower Urinary Tract Symptoms in Men NICE Pathway, details of NHS Evidence and information about new implementation tools published. The NICE guideline has not changed.

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This implementation advice is aimed at the person responsible for supporting the implementation of NICE guidance in the organisation (NICE manager) and the clinical lead for the topic.

This is a support tool containing suggested steps towards implementing our guidance informed by your local baseline assessment.

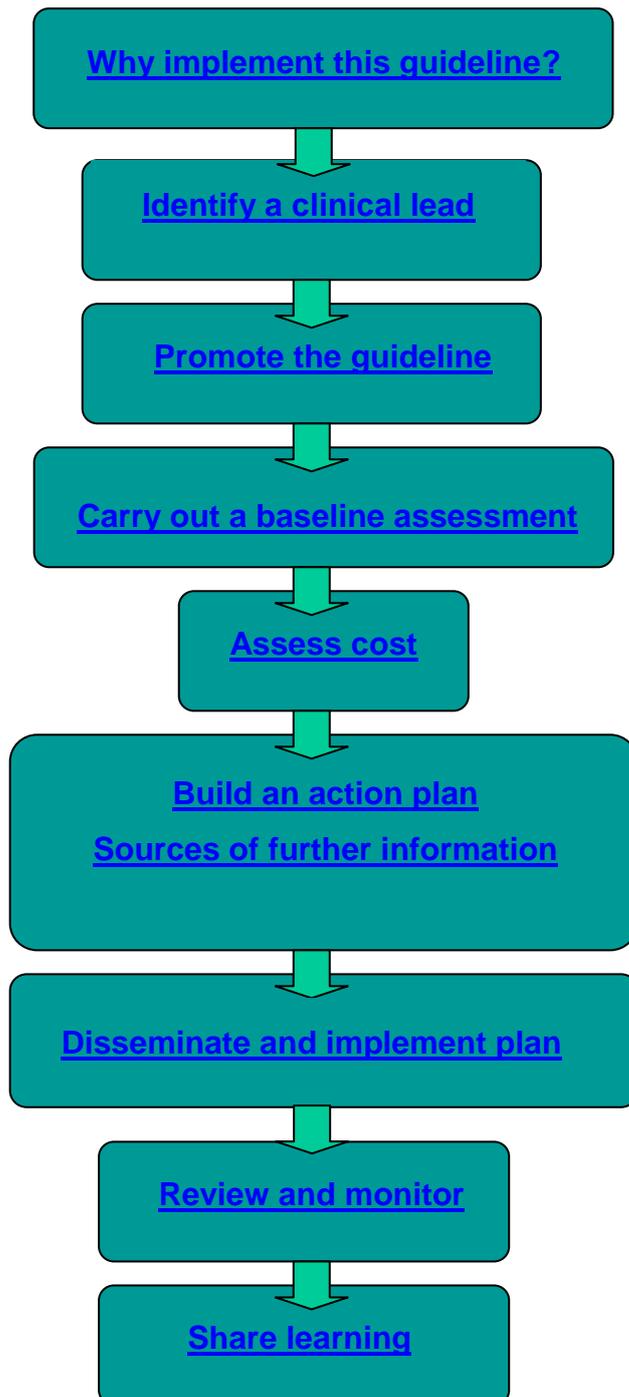
It is not NICE guidance.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, 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 guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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Steps to implementing NICE clinical guidelines

The algorithm below outlines the process for implementing NICE clinical guidelines. When using this advice online, hold down the 'Ctrl' button and click on the hyperlinks in the boxes to go directly to the advice you need. The advice has been developed in consultation with a range of experts from patient and professional groups. A list of these contributors is available [here](#).



Why implement this guideline?

Lower urinary tract symptoms (LUTS) are a major burden for the ageing male population. Age is an important risk factor for LUTS and the prevalence of LUTS increases as men get older. Approximately 30% of men aged 50 years and older have moderate to severe LUTS. This is a large group potentially requiring treatment and the prevalence is expected to rise with increased life expectancy.

Although LUTS do not usually cause severe illness, they can considerably reduce men's quality of life, and may point to serious pathology of the urogenital tract. LUTS comprise storage, voiding and post-micturition symptoms affecting the lower urinary tract. There are many possible causes of LUTS:

- abnormalities or abnormal function of the prostate, urethra, bladder or sphincters.
- detrusor muscle weakness or overactivity
- prostate inflammation (prostatitis)
- urinary tract infection
- prostate cancer
- neurological disease
- benign prostate enlargement (BPE), the most common cause of LUTS, which obstructs the bladder outlet.

LUTS can be challenging to correctly diagnose because they are not disease-specific and diverse pathophysiologies can produce similar symptoms.

Furthermore, there is a wide variation in clinical practice in the UK (the way histories are taken, the clinical picture is interpreted and in the way the patient is managed) which is due to variations in clinicians experience, beliefs and prejudices.

Implementing the NICE guidance will help to address these highlighted issues.

Implementing NICE guidance will help your organisation meet the [NHSLA risk management standards](#) and benefit from reduced claims and risk management premiums. It may also enable you to achieve government measures of health improvement and reducing health inequalities

Full implementation of this guideline is likely to take several years.

If the guideline is not relevant to your organisation, remember to record it.

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Identify a clinical lead

If you are responsible for supporting the implementation of NICE guidance on a day-to-day basis (NICE manager) you should identify a clinical lead to begin putting the guideline into practice.

The guideline was written for all healthcare professionals who come into contact with men with LUTS, and so covers primary and secondary care settings.

Implementation issues cross all care settings, so it may be helpful to appoint a clinical lead from each NHS provider. These clinical leads should link with the NICE manager to ensure effective implementation of the guideline across the health community and a smooth patient pathway. The clinical leads should be selected from medically qualified clinicians or other healthcare professionals, for example, clinical specialist nurses, who are experienced in and are identified from primary and secondary care settings, and specialist urological teams (centres offering holmium laser enucleation of the prostate [HoLEP]).

An overarching lead should be identified. This may be the NICE manager in the local primary care organisation, who can provide leadership and accountability for the implementation of the guideline across the locality and ensure cross-sectional representation of all the stakeholders.

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Promote the guideline

The NICE manager should ensure that all relevant groups are aware of the guideline and can access the [NICE Pathway](#).

The [slide set](#) provided by NICE should help you raise awareness of the guideline.

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Carry out a baseline assessment

Using the published guideline, the clinical lead should work with the relevant specialist group to compare current activity with the recommendations. This information could be gathered through informal discussions or by using a more formal questionnaire. This baseline assessment will help identify exactly what your organisation and others are doing now and what needs to change in light of the guideline.

Consider, for example, how the recommendations will have an impact on:

- service provision
- training, equipment and education
- communication and networks.

The NICE [audit support](#) and [baseline assessment tool](#) may help you with this process.

Who should be involved?

Once the baseline assessment has identified what needs to change, the next stage is to identify which groups will need to alter their current way of working and to consider the best way to engage them in the development and implementation of the action plan. In most cases there may be existing groups or networks that could fulfil this function. It is important that all involved work collaboratively within groups and between groups in order to implement the action plan. These groups are likely to include:

- general practitioners
- GPs with a specialist interest in urology
- nurse specialists
- continence advisers
- specialist urological clinicians in secondary care
- imaging teams supporting urology
- patient groups

- practice managers
- urological departments operational managers
- clinical governance leads
- commissioners.

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Assess cost

The NICE manager should work with the clinical lead and finance staff to assess how much it will cost to implement the guideline using the [costing template](#) provided by NICE. It might be possible to make some of the required changes using existing resources, and there may be potential for savings to be achieved, or capacity freed up to be used for other things.

Click here to view NICE's [costing report](#) and [commissioning guide](#)

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Build an action plan

If your organisation is not meeting the recommendations, the NICE manager and the clinical lead should work together to develop an action plan. The details of your action plan will depend on the results of your baseline assessment and your local circumstances.

In consultation with a range of [experts](#) in urology and general practice we have identified three key areas to address for the successful implementation of this guideline:

- communication and networks
- service and equipment provision
- training and education.

Communication and networks

Effective communication between staff caring for men with LUTS is vital to ensuring a smooth patient pathway and patient experience and may help to alleviate patient/relative/carer anxiety. Additionally, it could be suggested that the recommendations made in the guideline will require the collaborative working of NHS providers across regions. This will require effective communication.

Suggested action for all

- Treatment and care should take into account men's needs and preferences.
- Men with LUTS should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professional.
- Good communication between healthcare professionals and men is essential.

The information men are given about the treatment and care should be tailored to their needs and culturally appropriate. It should also be accessible

to men with additional needs such as physical, sensory, learning difficulties or to men who do not speak or read English.

Suggested actions for the senior manager and clinicians

- Develop a network to bring together clinicians, managers and commissioners from across the urology services within an area.
- The members of the network should represent services along the whole of the patient's pathway.
- The network should oversee the implementation of the NICE recommendations across the area.
- The network should liaise with GPs to identify what they require in terms of time, training and services in order to implement the recommendations.
- Approve a validated urinary frequency volume chart for network-wide use to ensure consistency throughout the patients care pathway.

See also suggested actions for commissioners and local primary care organisations within the service provision section. Planning the delivery of services requires excellent communication between commissioners and providers.

Service and equipment provision

This guideline makes a number of recommendations which if implemented will improve the access men have to clinicians with the appropriate expertise. In order to achieve this, service and equipment provision in primary and secondary care will require examination.

Suggested actions for primary care providers

- Patients will probably require an initial assessment in the community, which may take longer than a normal GP time slot. Practices should develop strategies to support the recommendations. Suggested actions include:
 - GP practices to consider how they can allow extra time when a patient books an appointment with a LUTS complaint.
 - GP practices and Clinical Commissioning groups (CCG) to consider provision of primary care-dedicated clinic for patients with LUTS, with

clinicians able to provide assessment for containment products and advice about bladder training, fluid intake and lifestyle. This clinic could be offered to patients from other GP practices.

Suggested access for secondary care providers

- The number of patients requiring urodynamic testing is likely to increase following the release of this guideline. Utilise demand and capacity service improvement techniques to explore how increased numbers of urodynamic tests can be completed within the department (see National support for local action on page 16).
- Secondary care providers must familiarise themselves with the recommended surgical procedures and those procedures which are not recommended. Secondary providers should not purchase equipment for procedures which are not recommended.

Suggested actions for commissioners and local PCTs

- This guideline makes recommendations which could result in more care being delivered to these patients in the primary care setting. This potentially represents a cost saving. In order to facilitate this consider commissioning dedicated LUTS clinics which would provide access to services for men from a number of GP practices. The clinics could be staffed by urological nurse specialists or continence advisers.
- Currently only a small number of men obtain containment products through the NHS. This number will increase. Commissioners need to examine how the provision of containment products will be achieved locally.
- Examine the provision of surgery within the region. Commission and decommission providers of surgery as appropriate to ensure access to a choice of high-quality cost-effective services offering recommended treatment, including surgery, across the catchment area.
- Discuss the NICE recommendations with the hospitals you commission services at, as soon as possible following the release of the guideline. Ensure that there are no plans to buy equipment for procedures that have been labeled as 'do not do' by this guideline.

- Ensure service providers are aware of surgical procedures which have been recommended and those which should cease.
- Where appropriate, discuss with the hospital the potential for developing a service which provides HoLEP.

Training and education

This guideline recommends a thorough initial assessment, including assessing men for containment products and providing advice about bladder training, fluid intake and lifestyle. It is important to ensure that all clinicians working in roles where they may be required to meet these recommendations are trained to do so.

- Access to hands on digital rectal examination (DRE) training is often difficult. The suggested network should review access to training tools to meet local needs. This may necessitate utilising the resources of outside organisations where appropriate.
- Ensure that staff providing the initial assessment are competent to:
 - assess the patient's general medical history,
 - identify possible causes of LUTS and associated comorbidities,
 - review current medication including herbal and over the counter remedies to identify drugs that may be contributing,
 - complete a physical examination, including an examination of the abdomen, external genitalia and DRE, guided by urological symptoms.
 - utilise the validated network-wide standard urinary frequency volume chart (see page 11, communications and networks, suggested actions for the senior manager and clinicians, point 5). This will ensure consistency throughout the care pathway.

- Ensure that clinicians managing patients with LUTS (in primary and secondary care) are trained to offer men the following care (as appropriate for symptoms):
 - temporary containment products
 - bladder training
 - fluid intake advice
 - lifestyle advice.
- It is important that centres providing training for clinicians specialising in this field (trainee urologists, GP with special interest) are offered training which incorporates the NICE recommendations.
- Ensure clinicians are aware of the NICE/BMJ Learning online educational module on LUTS.

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Sources of further information* [[Back to build an action plan](#)]

Document	Relevance
NHS Evidence	<ul style="list-style-type: none"> • Visit NHS Evidence for the best available evidence on all aspects of Lower Urinary Tract Symptoms in Men
UK prostate link	<ul style="list-style-type: none"> • This website would be helpful to clinicians with a special interest in prostate cancer and for patients where there is concern that their LUTS is caused by prostate cancer and they are requesting more information. • The website brings together all the existing information about prostate cancer 'under one roof' with a system of intelligent signposting. They assess the quality of the information they include and make sure that people know how reliable it is. • Within the GP section there is a toolkit for how prostate cancer is diagnosed. This contains patient-friendly information about all the assessments recommended by NICE in the guideline.

<p>Report of the national audit of continence care for older people (65 years and above) in England, Wales & N Ireland</p> <p>Royal College of Physicians (2010)</p>	<ul style="list-style-type: none"> • The National Audit of Continence Care for older people was commissioned by the Healthcare Quality and Improvement Partnership. The first report was published in 2005 and subsequent audit reports were published in 2006 and 2010. These have regularly showed that there is a real need for an improvement in continence care for people with bladder and bowel problems. • The latest report, published in September 2010, describes in detail the care given to almost 19,000 people with continence problems in a variety of NHS settings such as hospital wards, hospital outpatient clinics, mental health hospitals, GP surgeries and care homes.
<p>British Association of Urological Surgeons training and education</p>	<ul style="list-style-type: none"> • BAUS provide training and education support. Information is included on this webpage. The training appears to be specifically for urologists or trainee urologists. It would therefore be helpful to secondary care providers of services to patients with LUTS; however, it is less related to primary care.
<p>British Association of Urological Nurses training and education packages</p>	<ul style="list-style-type: none"> • This website provides links to educational courses. Some courses are for advanced urological care but there are a good number of courses for continence management. These would be helpful if looking to train a continence adviser for primary care.
<p>British Association of Urological Nurses clinical guidelines</p>	<ul style="list-style-type: none"> • The BAUN Council has produced guidelines for developing a LUTS clinic. They have written guidelines concerning LUTS, management of urinary continence and good practice in continence services. These are member-only pages which we are not able to assess.

Prostate UK: training programme	<ul style="list-style-type: none"> • These masterclasses are aimed at Practice Nurses, General Practitioners and all healthcare professionals involved in the field of prostate care. They include an overview of the three main prostate diseases, their symptoms, diagnosis and treatment. Recent advances and innovations are covered, as is quality of life issues. The speakers, who kindly donate their time to this important cause, are all active experts in their field today.
Prostate UK: patient information leaflets	<ul style="list-style-type: none"> • There is one leaflet specifically for BPH. This would help clinicians ensure patients were given the information they required.
Patient information leaflet: bladder and bowel weakness Age UK (2009)	<ul style="list-style-type: none"> • This leaflet explains the causes bowel and bladder incontinence in men and women and identifies some techniques for reducing the impact
Patient information leaflet: help with continence Age UK (2010)	<ul style="list-style-type: none"> • This factsheet briefly outlines the different types of incontinence. It also explains how to access NHS services that can help cure or manage incontinence and where to go for further information.
Bowel and Bladder Foundation website Bowel and Bladder foundation (2010)	<ul style="list-style-type: none"> • This is the home page for the Bowel and Bladder Foundation. This website contains a variety of resources including a phone number to call their helpline which is manned by a nurse.

**Please note that the Institute is not responsible for the quality or accuracy of any information or advice provided by any other organisation.*

Related NICE guidance and products [[Back to build an action plan](#)]

Document	Relevance
NICE Lower Urinary Tract Symptoms Pathway	<ul style="list-style-type: none">• NICE Pathways are an online tool which provide quick and easy access, topic by topic, to the range of guidance from NICE, including quality standards, technology appraisals, clinical and public health guidance and NICE implementation tools. Simple to navigate, NICE Pathways allows you to explore in increasing detail NICE recommendations and advice, giving you confidence that you are up to date with everything we have recommended.• The NICE lower urinary tract symptoms pathway covers the management of lower urinary tract symptoms in men and gives clear recommendations on assessing, monitoring and treating LUTS

<p>Transurethral electrovaporisation of the prostate.</p> <p>NICE interventional procedures guidance 14 (2003) http://guidance.nice.org.uk/IPG014</p>	<ul style="list-style-type: none"> • Benign prostatic obstruction is managed medically or surgically. The standard surgical treatment is transurethral resection of the prostate. However, relatively high morbidity for this procedure has led to the development of a range of minimally invasive techniques, some of which utilise thermal energy. • Transurethral electrovaporisation of the prostate, an electroablative technique, is performed with a specially designed modified rollerball electrode. Under general or spinal anaesthesia, electrical energy is applied for cutting and for coagulation. The electrode is rolled over the prostatic tissue to create an area of vaporisation of 3 to 4 mm and an underlying coagulative necrosis of 0.1 to 0.5 mm. Vaporisation continues until an appropriate cavity is created.
<p>Holmium laser prostatectomy.</p> <p>NICE interventional procedures guidance 17 (2003) http://guidance.nice.org.uk/IPG017</p>	<ul style="list-style-type: none"> • Benign prostatic obstruction is managed medically or surgically. The standard surgical treatment is transurethral resection of the prostate. However, relatively high morbidity for this procedure has led to the development of a range of minimally invasive techniques, some of which utilise thermal energy. One such technique is the use of holmium: yttrium-aluminium-garnet (YAG) laser.

<p>Sacral nerve stimulation for urge incontinence and urgency-frequency</p> <p>NICE interventional procedures 64 (June 2004)</p> <p>http://guidance.nice.org.uk/IPG64</p>	<ul style="list-style-type: none"> • Replaces previous guidance on sacral nerve stimulation for urge incontinence (Interventional Procedures Guidance no. 4, August 2003) after the Interventional Procedures Advisory Committee reconsidered the procedure based on the results of a systematic review commissioned by NICE • Sacral nerve stimulation is used in the management of severe urinary urge incontinence, a condition in which a strong urge to urinate is followed by an involuntary loss of urine. • Urge incontinence occurs more commonly in women and the elderly. The procedure involves placing electrodes and connecting them to an implantable pulse generator • This IPG should be read in conjunction with the LUTS clinical guideline 97 (Recommendation 1.6.5 is particularly relevant).
<p>Referral guidelines for suspected cancer.</p> <p>NICE clinical guideline 27 (2005)</p> <p>http://guidance.nice.org.uk/CG27</p>	<ul style="list-style-type: none"> • Section 1.8 is specific to urological cancer. The guideline offers best practice advice on referral for suspected cancer in adults and children.

<p><u>Urinary incontinence: the management of urinary incontinence in women.</u></p> <p>NICE clinical guideline 40 (2006) http://guidance.nice.org.uk/CG40</p>	<ul style="list-style-type: none"> • This NICE guideline covers the care of women with urinary incontinence. It gives advice on treatments for several types of urinary incontinence and related conditions, including stress urinary incontinence, over active bladder syndrome and urge urinary incontinence, and mixed urinary incontinence in women
<p><u>Prostate cancer: diagnosis and treatment.</u></p> <p>NICE clinical guideline 58 (2008) http://guidance.nice.org.uk/CG58</p>	<ul style="list-style-type: none"> • This guideline offers best practice advice on the care of men with prostate cancer. Areas which are covered in both this guideline and the LUTS guideline include offering advice and support and assessing patients for containment products.
<p><u>Medicines adherence Involving patients in decisions about prescribed medicines and supporting adherence.</u></p> <p>NICE clinical guideline 76 (2009) http://guidance.nice.org.uk/CG76/NICEGuidance/pdf/English</p>	<ul style="list-style-type: none"> • This guideline makes recommendations about how healthcare professionals can help patients to make informed decisions by facilitating the involvement of patients in the decision to prescribe, and how they can support patients to adhere to the prescribed medicine.

<p>Patient experience in adult NHS services: improving the experience of care for people using adult NHS services</p> <p>NICE clinical guideline 138 (2012)</p> <p>http://guidance.nice.org.uk/CG138</p>	<ul style="list-style-type: none">• This clinical guidance offers evidence-based advice on ensuring a good experience of care for people who use adult NHS services.• NICE have also published a quality standard describing high-quality care for adults using adult NHS services in England.
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Disseminate and implement plan

Once the action plan and assessment of cost have been approved by the NICE manager the work of implementing the action plan begins. To ensure effective implementation all relevant organisations should sign up to the action plan – for example, via a local area agreement.

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Review and monitor

Implementation of the guideline should be reviewed and monitored, with results fed back to the relevant trust board.

One way to monitor implementation of the guideline is to audit current practice against the NICE guidance. The guideline is accompanied by [audit criteria](#) and [baseline assessment](#) to help you with this.

Implementation and uptake of NICE guidance

The [ERNIE](#) (Evaluation and review of NICE implementation evidence) database is a source of information on the implementation and uptake of NICE guidance.

ERNIE will provide:

- a bank of guidance-specific NICE implementation uptake reports
- references to external literature
- a simple classification system summarising the uptake of NICE guidance.

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Share learning

Have you got some tips to share with other organisations on implementing NICE clinical or public health guidance? Or would you like to learn from other people's experiences? If so, the Institute's ['shared learning' database](#) can help.

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NICE Implementation tools

NICE has developed tools to help organisations implement the clinical guideline on LUTS (listed below). These are available on the NICE website (www.nice.org.uk/guidance/CG97).

- Costing tools:
 - [costing report](#) to estimate the national savings and costs associated with implementation
 - [costing template](#) to estimate the local costs and savings involved.
- [Slides](#) highlighting key messages for local discussion.
- [Over-the-counter Tamsulosin information sheets](#) - These will help clarify where alpha blocker treatment should be introduced within the patient care pathway.
- [Audit statement](#) – provides information about the national audit of continence care.
- [Baseline assessment tool](#) – an Excel spread sheet that organisations can use to help review current practice and plan activity needed to meet recommendations
- [Commissioning guide](#) - provides support for the local implementation of NICE guidance through commissioning.
- [Online learning](#) - developed in conjunction with BMJ Learning, the interactive module uses interactive case histories to improve users knowledge of the guidance. The tools are free to use and open to all. You

will need to provide your email address and a password to register with BMJ Learning.

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Thank you also to the National Clinical Guideline Centre: Acute and Chronic Conditions and members of the Guideline Development Group (see appendix A in the NICE version of the guideline).

What do you think?

Did the implementation tool you accessed today meet your requirements, and will it help you to put the NICE guidance into practice?

We value your opinion and are looking for ways to improve our tools. Please complete this [short evaluation form](#).

If you are experiencing problems accessing or using this tool, please email implementation@nice.org.uk

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