

# Lower Urinary Tract Symptom Service



**Information for patients**

Urology



**PROUD TO MAKE A DIFFERENCE**

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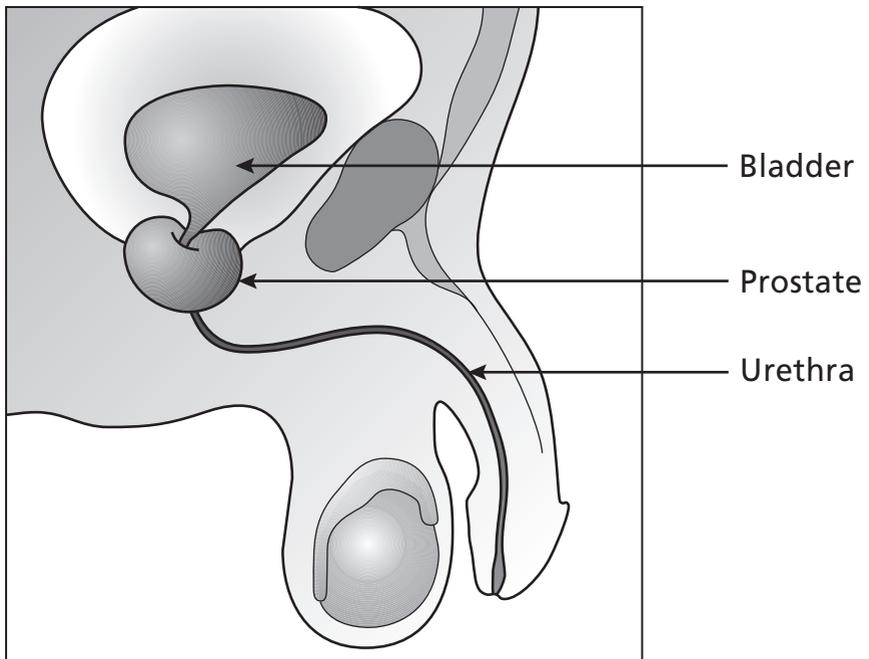
## Why have I been referred to the Lower Urinary Tract Symptom Service?

Your GP has told us that you have been having problems with your waterworks. You may have noticed some of the following:

- That you have a weak or poor stream of urine
- That you pass water more often than usual
- That you feel you are not emptying your bladder fully
- That you have to get up more often at night to pass water
- That you are not able to get to the toilet in time
- That you have to stand and wait to pass water

There are a number of reasons why you may have these problems.

**This is a simple drawing of the male urinary tract ('waterworks')**



The urine produced by your kidneys passes along two tubes (ureters) into your bladder. The bladder acts as a storage tank until you are ready to pass urine. When your bladder is full a message is sent to your brain to tell you that you need to empty the urine from your bladder.

When you pass urine it flows past your prostate gland. The prostate gland sits at the neck of the bladder rather like a ring doughnut. The pipe carrying the urine out of your bladder (urethra) passes through the ring doughnut (prostate gland) and out through the tip of your penis (see diagram).

You may experience problems (symptoms) if this process is interrupted or altered in any way.

## **Who will I see at the clinic?**

A Specialist Nurse within the Urology Team will see you initially. The nurse will complete an assessment of your symptoms and ask you details about your health in general. You will also be given information and advice about your symptoms and details of the tests to be performed.

## **What tests will be performed?**

### **A flow rate test**

For this test you will need to have a full bladder and be ready to pass urine. A flow rate test measures the rate at which you pass urine. To enable the test to show a reliable reading it is important that your bladder is full, and you have the desire to pass water. The nurse will direct you to a private room where you will be asked to pass water in your own usual way into a funnel. The funnel is connected to a measuring device, which produces a printed graph. By studying the graph the nurses and doctors can begin to build up a picture of what may be causing your problems.

This test is very useful, and by arriving at the clinic with a full bladder, you will help us to complete the assessment.

### **Ultrasound scan for residual urine**

This test is performed after you have passed urine through the flow rate machine. This enables the nurses to see if you are emptying your bladder. This test is performed whilst you are lying on a couch in a private cubicle. The nurse will put some cool gel onto your tummy and then move a small scanning device over your tummy. This scanning device is connected to a machine, which shows the nurse an image of your bladder. This test will give the nurses and doctors some more information about what may be causing your problems.

### **Blood tests**

The nurse may ask you to have a blood test performed. These are routine tests that may be useful in assessing whether your urinary symptoms are affecting the function of your kidneys. You may also have other tests requested. The nurse will discuss these with you in the clinic.

### **How long will I be at the clinic?**

The assessment may take up to one hour.

Please allow yourself this time.

### **What next?**

After your initial assessment you will then be seen by a doctor, who will come up with a plan based on your assessment by the nurse.

## What do I need to do before my clinic appointment?

Please work through this checklist to help us provide an efficient and effective visit to the clinic.

- Complete the symptom questionnaire (overleaf). This will help identify your most bothersome symptoms
- Complete an intake and output chart on page 6 (this will help us to understand your normal pattern)
- Please try to arrive at the clinic with a full bladder (see page 2)
- Please write down any questions or things you may wish to discuss when you come for an appointment. You may find it useful to use the space below:

Please complete this questionnaire before you come along to the clinic. It will help identify your most bothersome problems, and will help you during your clinic assessment.

**Forename:**

**Surname:**

**What troubles you most about your waterworks?**

**How long have you had this trouble?**

| How often .....   | Never | Sometimes | Most of the time | Always |
|---|-------|-----------|------------------|--------|
| 1. Do you have difficulty in starting to pass water?  |       |           |                  |        |
| 2. Is the force of your urinary stream reduced (compared with your youth)?                                  |       |           |                  |        |
| 3. Does your stream stop and start while you are passing water?   |       |           |                  |        |
| 4. Is there any dribbling while passing water?  |       |           |                  |        |
| 5. After passing water do you feel your bladder is not empty, or you have to go again within a few minutes? |       |           |                  |        |

| How often .....   | Never | Sometimes | Most of the time | Always |
|---|-------|-----------|------------------|--------|
| 6. Do you have to go urgently or have trouble holding on to your water after you feel the urge to pass water? |       |           |                  |        |

|  | Over 3 hours | 2 - 3 hours | 1 - 2 hours | Less than 1 hour |
|--|--------------|-------------|-------------|------------------|
| 7. How long can you go between visits to the toilet to pass water? |              |             |             |                  |

|   | 0 - 1 | 2 - 3 | 4 - 5 | More than 5 times |
|---|-------|-------|-------|-------------------|
| 8. How often do you wake up to pass water during the night? |       |       |       |                   |

|  | No bother | Mild bother | Moderate bother | Severe bother |
|--|-----------|-------------|-----------------|---------------|
| 9. How much do your waterworks problems affect the quality of your life? |           |             |                 |               |

## Bladder diary

Please complete the **3 day** bladder diary.

Enter the following in each column against the time. You can change the specified times if you need to.

### Drinks

Write the amount you had to drink and the type of drink you had.

### Urine output

Enter the amount of urine you passed in millilitres (mls) in the urine output column, day and night, Any measuring jug will do. If you passed urine but couldn't measure it, put a **tick** in the urine output column. If you leaked urine at any time write '**leak**' in the urine output column.

### Bladder sensation

Write a description of how your bladder felt when you went to the toilet using these codes:

|          |   |
|----------|---|
| <b>0</b> | <b>Did not need to go, went just in case</b><br>If you had no sensation of needing to pass urine, but passed urine for 'social reasons', for example, just before going out, or unsure where the next toilet is.  |
| <b>1</b> | <b>Normal desire to pass urine</b><br>If you had a normal desire to pass urine and no urgency. Urgency is different from normal bladder feelings and is the sudden compelling desire to pass urine which is difficult to defer, or a sudden feeling that you need to pass urine and if you don't you will have an accident. |
| <b>2</b> | <b>Had urgency but it passed away</b><br>If you had urgency but it passed away before you had to visit the toilet.  |

|          |  |
|----------|--|
| <b>3</b> | <b>Had urgency but got to the toilet before leaking</b><br>If you had urgency but managed to get to the toilet, still with urgency but did not leak urine. |
| <b>4</b> | <b>Had urgency and leaked</b><br>If you had urgency and could not get to the toilet in time so you leaked urine.   |

## Pads

If you use pads or protection, put a **tick** in the pads column when you put on or change a pad for protection.

Write '**bed**' when you go to bed and '**woke**' when you woke up in the time column.

Here is an example of how to complete the diary:

| Time            | Drinks       |              | Urine output (mls) | Bladder sensation | Pads     |
|-----------------|--------------|--------------|--------------------|-------------------|----------|
|                 | Amount       | Type         |                    |                   |          |
| 6am <i>woke</i> |              |              | <i>350ml</i>       | <i>2</i>          |          |
| 7am             | <i>300ml</i> | <i>water</i> |                    |                   |          |
| 8am             |              |              | <i>✓</i>           | <i>2</i>          |          |
| 9am             |              |              |                    |                   |          |
| 10am            | <i>cup</i>   | <i>tea</i>   | <i>leak</i>        | <i>3</i>          | <i>✓</i> |
| 11am            |              |              |                    |                   |          |
| Midday          |              |              |                    |                   |          |

**Day 1**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

| Time     | Drinks |      | Urine output (mls) | Bladder sensation | Pads |
|----------|--------|------|--------------------|-------------------|------|
|          | Amount | Type |                    |                   |      |
| 6am      |        |      |                    |                   |      |
| 7am      |        |      |                    |                   |      |
| 8am      |        |      |                    |                   |      |
| 9am      |        |      |                    |                   |      |
| 10am     |        |      |                    |                   |      |
| 11am     |        |      |                    |                   |      |
| Midday   |        |      |                    |                   |      |
| 1pm      |        |      |                    |                   |      |
| 2pm      |        |      |                    |                   |      |
| 3pm      |        |      |                    |                   |      |
| 4pm      |        |      |                    |                   |      |
| 5pm      |        |      |                    |                   |      |
| 6pm      |        |      |                    |                   |      |
| 7pm      |        |      |                    |                   |      |
| 8pm      |        |      |                    |                   |      |
| 9pm      |        |      |                    |                   |      |
| 10pm     |        |      |                    |                   |      |
| 11pm     |        |      |                    |                   |      |
| Midnight |        |      |                    |                   |      |
| 1am      |        |      |                    |                   |      |
| 2am      |        |      |                    |                   |      |
| 3am      |        |      |                    |                   |      |
| 4am      |        |      |                    |                   |      |
| 5am      |        |      |                    |                   |      |

**Day 2**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

| Time     | Drinks |      | Urine output (mls) | Bladder sensation | Pads |
|----------|--------|------|--------------------|-------------------|------|
|          | Amount | Type |                    |                   |      |
| 6am      |        |      |                    |                   |      |
| 7am      |        |      |                    |                   |      |
| 8am      |        |      |                    |                   |      |
| 9am      |        |      |                    |                   |      |
| 10am     |        |      |                    |                   |      |
| 11am     |        |      |                    |                   |      |
| Midday   |        |      |                    |                   |      |
| 1pm      |        |      |                    |                   |      |
| 2pm      |        |      |                    |                   |      |
| 3pm      |        |      |                    |                   |      |
| 4pm      |        |      |                    |                   |      |
| 5pm      |        |      |                    |                   |      |
| 6pm      |        |      |                    |                   |      |
| 7pm      |        |      |                    |                   |      |
| 8pm      |        |      |                    |                   |      |
| 9pm      |        |      |                    |                   |      |
| 10pm     |        |      |                    |                   |      |
| 11pm     |        |      |                    |                   |      |
| Midnight |        |      |                    |                   |      |
| 1am      |        |      |                    |                   |      |
| 2am      |        |      |                    |                   |      |
| 3am      |        |      |                    |                   |      |
| 4am      |        |      |                    |                   |      |
| 5am      |        |      |                    |                   |      |

# Day 3

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

| Time     | Drinks |      | Urine output (mls) | Bladder sensation | Pads |
|----------|--------|------|--------------------|-------------------|------|
|          | Amount | Type |                    |                   |      |
| 6am      |        |      |                    |                   |      |
| 7am      |        |      |                    |                   |      |
| 8am      |        |      |                    |                   |      |
| 9am      |        |      |                    |                   |      |
| 10am     |        |      |                    |                   |      |
| 11am     |        |      |                    |                   |      |
| Midday   |        |      |                    |                   |      |
| 1pm      |        |      |                    |                   |      |
| 2pm      |        |      |                    |                   |      |
| 3pm      |        |      |                    |                   |      |
| 4pm      |        |      |                    |                   |      |
| 5pm      |        |      |                    |                   |      |
| 6pm      |        |      |                    |                   |      |
| 7pm      |        |      |                    |                   |      |
| 8pm      |        |      |                    |                   |      |
| 9pm      |        |      |                    |                   |      |
| 10pm     |        |      |                    |                   |      |
| 11pm     |        |      |                    |                   |      |
| Midnight |        |      |                    |                   |      |
| 1am      |        |      |                    |                   |      |
| 2am      |        |      |                    |                   |      |
| 3am      |        |      |                    |                   |      |
| 4am      |        |      |                    |                   |      |
| 5am      |        |      |                    |                   |      |

The doctor may ask for a PSA test to be done.

## **What is a PSA test?**

- A PSA test is a blood test that measures the level of PSA in your blood.
- PSA (Prostate Specific Antigen) is a substance made by your prostate gland. It is a protein that helps to liquefy the semen. Some of this PSA naturally leaks out into your blood.
- A PSA test will help identify activity within your prostate gland.
- All men have some level of PSA in their blood.
- A raised PSA level can be an early indication of prostate cancer.
- Other conditions which are not cancer (e.g. enlargement of the prostate gland, prostatitis, urinary infection) can also cause a rise in the PSA level.
- A normal PSA level depends to some extent on your age. The older you are the higher your PSA level is likely to be.
- A low PSA level does not completely rule out prostate cancer.
- For every 100 men with a raised PSA only about 30 of them will actually turn out to have any cancer cells in their prostate gland.

# International prostate symptom score

| Patient name: _____ Date: ____/____/____ |   | Not at all | Less than 1 time in 5 | Less than half the time | About half the time | More than half the time | Almost always | Your score |
|--|---|------------|-----------------------|-------------------------|---------------------|-------------------------|---------------|------------|
| <b>1. Incomplete emptying</b>            | Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating? | 0          | 1                     | 2                       | 3                   | 4                       | 5             |            |
| <b>2. Frequency</b>                      | Over the past month, how often have you had to urinate again less than two hours after you finished urinating?              | 0          | 1                     | 2                       | 3                   | 4                       | 5             |            |
| <b>3. Intermittency</b>                  | Over the past month, how often have you found you stopped and started again several times when you urinated?                | 0          | 1                     | 2                       | 3                   | 4                       | 5             |            |
| <b>4. Urgency</b>                        | Over the past month, how often have you found it difficult to postpone urination?   | 0          | 1                     | 2                       | 3                   | 4                       | 5             |            |
| <b>5. Weak Stream</b>                    | Over the past month, how often have you had a weak urinary stream?  | 0          | 1                     | 2                       | 3                   | 4                       | 5             |            |
| <b>6. Straining</b>                      | Over the past month, how often have you had to push or strain to begin urination?   | 0          | 1                     | 2                       | 3                   | 4                       | 5             |            |

|   | None     | 1 time   | 2 times  | 3 times  | 4 times  | 5 times<br>or more |
|---|----------|----------|----------|----------|----------|--------------------|
| <b>7. Nocturia</b><br>Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning? | <b>0</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b>           |
| <b>Total I-PSS Score</b>  |          |          |          |          |          |                    |

| <b>Quality of life due to urinary symptoms</b>  | Delighted | Pleased  | Mostly satisfied | Mixed - about equally satisfied and dissatisfied | Mostly dissatisfied | Unhappy  | Terrible |
|---|-----------|----------|------------------|--|---------------------|----------|----------|
| If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that? | <b>0</b>  | <b>1</b> | <b>2</b>         | <b>3</b>   | <b>4</b>            | <b>5</b> | <b>6</b> |

The International Prostate Symptom Score (I-PSS) is based on the answers to seven questions concerning urinary symptoms. Each question is assigned points from 0 to 5 indicating increasing severity of the particular symptom. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic).

Though there are presently no standard recommendations into grading patients with mild, moderate or severe symptoms, patients can be tentatively be classified as follows:

**0-7 = mildly symptomatic; 8-19 = moderately symptomatic; 20-35 = severely symptomatic.**

The International Consensus Committee (ICC) recommends the use of only a single question to assess a patient's quality of life. The answers to this question range from "delighted" to "terrible" or 0 to 6. Although this single question may or may not capture the global impact of PBH symptoms on quality of life, it may serve as a valuable starting point for a doctor- patient conversation.



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