

Madigan Army Medical Center

Referral Guidelines

Prostatic Hyperplasia (Benign)

Diagnosis/Definition

Gradually progressive obstruction of the urinary outflow due to prostatic hypertrophy that may eventually result in acute or chronic urinary retention.

Initial Diagnosis and Management

- Patients with obstructive and irritative voiding symptoms should complete the International Prostate Symptom Scoring (IPSS) Sheet. Contact Urology to obtain a copy of this.
- Urinalysis to rule out infection or to discover microhematuria.
- PSA and digital rectal exam to evaluate for prostate cancer.
- IVP is not indicated unless patient has hematuria. Please see the referral guidelines for Microhematuria for details on current recommended workup for that disorder.
- Serum Creatinine is recommended

Ongoing Management and Objectives

- If IPSS score less than 8, reassess every year or sooner if symptoms progress.
- If IPSS score is over 10, but patient satisfaction index 0-3, observation acceptable.
- If IPSS score is over 10 or patient satisfaction index is 4, 5 or 6 and the patient has a normal digital rectal exam (DRE) and PSA is normal for age, and serum creatinine is normal, then they are candidates for drug therapy with alpha-blockers for relief of symptoms. Both doxazosin and terazosin are effective. The patient should be started at the lowest dose (1mg) and gradually increased until symptoms improve or side effects occur. An alternative medicine is Alfuzosin 10mg per day for those who have extensive side effects on doxazosin or terazosin. Please call the Urology clinic for approval to use this medication.

Indications for Specialty Care Referral

- PSA greater than 4.0 or greater than the age adjusted normal, abnormal DRE (Indurated or nodular).
- PSA has increased by 0.75ng/ml or more in a one year period even if within normal limits (PSA velocity).
- Please refer to Urology for acute cystoprostatitis and for any urinary tract infections in men.
- If the patient does not achieve satisfactory results with medical therapy or desires more definitive surgical management.
- Elevated serum creatinine and evidence of hydronephrosis on renal ultrasound or CT scan.

Criteria for Return to Primary Care

- After patient has undergone definitive treatment and convalesced without complications.
- On appropriate dosage of medication and satisfied with urinary symptoms.

Last Review for this Guideline: **August 2009**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator