7:16 Produced: December 2011 For Review: April 2013

Appendix 2

Female Incontinence Referral Pathway

Red Flags at any point - Refer direct to appropriate consultant in secondary care

Micro. (50 yrs+) & macro. haematuria; recurrent UTI with haematuria (40 yrs+); suspected mass; severe prolapse below introitus; neuro disease; congenital abnormalities and young nulliparous SUI women; palpable bladder

Primary assessment by healthcare professional

History: categorise UI as stress UI, urgency UI/OAB or mixed UI **Examination**

(Refer to Guidance Notes for Primary Care - Appendix 3)



- Bladder Diary: Patient to complete 3 day diary
- · Urine dipstick: To exclude infection, if evidence of UTI, treat
- Portable bladder scan: To measure PVR if voiding dysfunction or recurrent UTI



Treatment / Management

- · Reassurance. Information. Self-Help on UI
- Watchful waiting. Patient choice and patient led return if symptoms become bothersome
- Behavioural modification / Specialist Physiotherapy
- Pessary for prolapse
- Medication

Failed conservative treatment (after optimal physio)



Specialist assessment by Continence Promotion Service

History, examination & evaluation



Diagnostics

· Urodynamics if failed conservative therapy



Treatment / Management

- · Reassurance. Information. Self-Help on UI
- Watchful waiting. Patient choice
- Additional behavioural modification / Specialist Physiotherapy
- · Pessary for prolapse. ISC
- Medication

Failed specialist intervention



Further assessment or surgical intervention by secondary care



Sub-specialist assessment (Out of County referral)