

General Commissioning Policy

Treatment	Diagnostic Cystoscopy (adults)
For the treatment of	Haematuria (presence of red blood cells in urine)
Background	Cystoscopy is commissioned in line with the recommendations in the NICE clinical guideline on Referral for Suspected Cancer: Recognition and Referral (NG12 June 2015) . The Hull and East Yorkshire Hospital Urology Directorate has developed a local pathway which also is in line with the Joint British Association of Urological Surgeons (BAUS) and Renal Association Guidelines (2009).
Commissioning position	<p>A cystoscopy involves looking inside the bladder and/or urethra with an instrument called an endoscope, usually carried out under local anaesthesia. Cystoscopy is commissioned in line with the recommendations in the NICE clinical guideline on Referral for Suspected Cancer: Recognition and Referral (NG12) , as outlined below.</p> <p>General recommendations A patient who presents with symptoms or signs suggestive of urological cancer should be referred to the Urology MDT.</p> <p>Specific recommendations NB. Primary care referral to a consultant urologist is for initial assessment of symptoms only, and referrals should not be made without following the threshold criteria below. Based on the findings the consultant may recommend a cystoscopy as part of a one stop haematuria clinic. Referral letters should contain a clear indication of the grounds for referral against the threshold criteria any relevant medical history and current medication.</p> <p>Referral to Secondary care for Haematuria, suspected bladder or renal cancer</p> <ul style="list-style-type: none"> - For over 45 with unexplained visible haematuria - Over 60 with unexplained non visible haematuria <p>GP to fax to haematuria clinic within Urology Department</p> <p>Other Haematuria Referral to secondary care for patient with</p> <ul style="list-style-type: none"> - <45 with unexplained visible haematuria - 40 – 60 with unexplained non-visible haematuria (2 of 3 dipsticks positive) NB: Not 2 Week wait - To include whether symptomatic or asymptomatic and smoking <p>Recurrent Haematuria Defined as patients who have previously been investigated with imaging and cystoscopy</p> <p>Referral to secondary care: For any patient >45 with recurrent visible haematuria – refer on the 2 week wait referral For recurrent non – visible haematuria refer for Urology clinic appointment</p>

Effective from	February 2016
Summary of evidence / rationale	Recommendations are consistent with the existing evidence based NICE guideline (Ref 1) and also the Joint British Association of Urological Surgeons (BAUS) and Renal Association Guidelines (2009) (Ref 2).
Date	February 2016
Review Date	June 2019
Contact for this policy	Karen Billany, Head of Acute Care, NHS Hull Clinical Commissioning Group. karen.billany@nhs.net

Definitions:

Microscopic haematuria: (also known as Non-Visible Haematuria (NVH), invisible or dipstick positive haematuria [ie. 1+ on dipstick urinalysis]) may be symptomatic or asymptomatic. Symptoms may include: lower urinary tract symptoms (LUTS); hesitancy; frequency; dysuria; loin pain or supra-pubic pain.

Macroscopic haematuria: otherwise referred to as Visible Haematuria (VH), gross or frank haematuria. Urine is coloured pink or red.

References:

1. NG 12 NICE Guideline for Suspected Cancer: Recognition and Referral June 2015
<http://www.nice.org.uk/guidance/ng12>
2. Joint British Association of Urological Surgeons (BAUS) and Renal Association Guidelines (2009).