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| **2H — Cystoscopy for men with uncomplicated lower urinary tract symptoms** |
| **Summary of Intervention** |
| Cystoscopy is a diagnostic procedure used to examine the lining of the bladder and urethra. Either a rigid or flexible endoscope may be used, under general or local anaesthesia, respectively. Rigid cystoscopy is undertaken when flexible cystoscopy offers insufficiently clear views, or when biopsy is indicated.Cystoscopy can cause temporary discomfort, occasionally pain and haematuria and is associated with a small risk of infection. In the context of male lower urinary tract symptoms (LUTS), cystoscopy may offer indirect evidence regarding an underlying cause (commonly prostatic enlargement, for example).**This guidance applies to male adults aged 19 years and over.** |
| **Number of interventions in 18/19** |
| **43,703** |
| **Proposal** |
| Assessment of men with LUTS should focus initially on a thorough history and examination, complemented by use of a frequency – volume chart, urine dipstick analysis and International Prostate Symptom Score where appropriate. This assessment may be initiated in primary care settings.Specialist assessment should also incorporate a measurement of flow rate and post void residual volume. Cystoscopy should be offered to men with LUTS only when clinically indicated, for example, in the presence of the following features from their history:— Recurrent infection— Sterile pyuria— Haematuria— Profound symptoms— PainAdditional contextual information may also inform clinical decision-making around the use of cystoscopy in men with LUTS. Such factors might include, but not be limited to:— Smoking history— Travel or occupational history suggesting a high risk of malignancy— Previous surgeryOther adjunct investigations may become necessary in specific circumstances and are dealt with in the NICE guideline. It may be reasonable to undertake flexible cystoscopy before doing some urological surgical interventions. |
| **Rationale for Recommendation** |
| In the context of male lower urinary tract symptoms (LUTS), cystoscopy may offer indirect evidence regarding an underlying cause (commonly prostatic enlargement, for example). However, no evidence was discovered in preparing NICE guideline CG97 to suggest any benefit, in terms of outcome, related to performing cystoscopy in men with uncomplicated LUTS (i.e. LUTS with no clinical evidence of underlying bladder pathology). The consensus opinion of the NICE guideline development group therefore aligned with the position that unless likely to uncover other pathology, cystoscopy should not be performed in men presenting with LUTS.The European Association of Urology guideline on the management of nonneurogenic male LUTS summarises evidence demonstrating a lack of clear correlation between findings on cystoscopy and findings on investigations into bladder function (urodynamic assessment). |
| **References** |
| 1. NICE clinical guideline 97. Lower urinary tract symptoms in men: management: https://www.nice.org.uk/guidance/cg97.2. European Association of Urology guideline on the management of non-neurogenic male LUTS: https://uroweb.org/wp-content/uploads/EAUGuidelines-on-the-Management-of-Non-neurogenic-Male-LUTS-2018-largetext.pdf.3. Shoukry, I., et al. Role of uroflowmetry in the assessment of lower urinary tract obstruction in adult males. Br J Urol, 1975. 47: 559: https://pubmed.ncbi.nlm.nih.gov/1191927/.4. Anikwe, R.M. Correlations between clinical findings and urinary flow rate in benign prostatic hypertrophy. Int Surg, 1976. 61: 39: https://pubmed.ncbi.nlm.nih.gov/61184/.5. el Din, K.E., et al. The correlation between bladder outlet obstruction and lower urinary tract symptoms as measured by the international prostate symptom score. J Urol, 1996. 156: 1020: https://pubmed.ncbi.nlm.nih.gov/8583551/. |