

# Provincial Adult Urology Referral Pathway

## About this Pathway

Referral pathways help referring providers know where to send referrals and what information to include. These guidelines were created, updated, and co-designed with primary care, specialty care and patients.



We value all feedback to improve referral pathway. Please share your comments via [Online Survey](#) or scan the QR code.

## Request Urgent Advice

(when patient may need same day intervention and/or diagnostics without hospitalization; not life threatening)

Call **RAAPID** urgent tele-advice:  
RAAPID North: 1-800-282-9911  
RAAPID South: 1-800-661-1700

## Request Emergency Consultation

(when patient needs to be seen immediately)

Call **RAAPID** or send to **Emergency Department via 911** as appropriate.

Includes:

- Acute Scrotal Pain
- Testicular Torsion
- Acute Renal Colic with FEVER
- Genitourinary Trauma
- Genitourinary Tract Foreign Body

## Review Clinical Pathway

(for guidance on referral process, if available)

A clinical pathway may be available to guide care options for your patient's condition:

### Provincial

- [Non-Obstructing Kidney Stone Primary Care Pathway](#)
- [Asymptomatic Routine Prostate Specific Antigen \(PSA\) Testing Pathway](#)
- [Hematuria Evaluation Primary Care Pathway](#)
- [Female Urinary Incontinence Primary Care Pathway](#)
- [Renal Mass Primary Care Pathway](#)
- [Provincial Adult Gender-Affirming Care Primary Care Clinical Pathway](#)
- [Provincial Male LUTS Primary Care Clinical Pathway](#)

### Edmonton Zone

- [Recurrent Urinary Tract Infections in Females](#)

If you have any questions while using a clinical pathway or if a clinical pathway is not available, please request non-urgent advice.

## Request Non-Urgent Advice

(when uncertain whether to submit a referral)

Access [non-urgent specialist advice](#)

### By electronic advice (Response within 5 calendar days):

Use **Alberta Netcare eReferral** and submit **eConsult** request for:

- Urology Issue
- Include **Mandatory Investigations** as per pathway.

For more information, go to: [eReferral, Netcare Learning Centre](#)

## Request Non-Urgent Referral

(when patient requires non-urgent referral)

Submit a referral as per the process below:

1. Complete a referral letter including the reason for referral. Tip: review the [QuRE Referral/Consult Checklist](#) for high-quality referral guidelines. A form is also available: [Facilitated Access to Specialized Treatment \(FAST\) Adult Urology Referral Form](#).

Edmonton zone: submit referral for the Dianne and Irving Kipnes Urology Centre into eReferral. If you have questions about a referral, please contact 780-407-6600.

2. Attach all mandatory information to the referral.
3. Fax the completed referral to the FAST (Facilitated Access to Specialized Treatment) central access and intake program as listed in the [Program Contacts section](#). Edmonton zone: submit referral into eReferral.

If you have questions about a previously submitted but unassigned referral, call the FAST office at 1-833-553-3278. If you have questions about an assigned referral, please contact the specialist office directly.

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## Program Contacts

	North Zone	Edmonton Zone	Central Zone	Calgary Zone	South Zone
<b>Urgent Advice or Emergency Consultation</b>	RAAPID North Tel 1-800-282-9911 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID North Tel 1-800-282-9911 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID North Tel 1-800-282-9911 RAAPID South Tel 1-800-661-1700 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID South Tel 1-800-661-1700 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID South Tel 1-800-661-1700 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a> OR Call surgeon-on-call.
<b>Non-Urgent Advice</b>	Netcare eReferral eConsult <a href="http://albertanetcare.ca/eReferral.htm">Submit online</a> <a href="http://albertanetcare.ca/eReferral.htm">albertanetcare.ca/eReferral.htm</a>	Netcare eReferral eConsult <a href="http://albertanetcare.ca/eReferral.htm">Submit online</a> <a href="http://albertanetcare.ca/eReferral.htm">albertanetcare.ca/eReferral.htm</a>	Central Alberta Urology 403-356-9816 Dr. Stephanus Van Zyl 403-358-7654	Calgary Zone FAST Team Tel 1-833-553-3278 ext. 4 Fax 1-833-627-7023	Lethbridge Urology Surgeons 403-524-1411 Dr. Talal Alphin (Medicine Hat) 403-528-2912
<b>Non-Urgent Referral / Consultation</b>	North Zone FAST Team Tel 1-833-553-3278 ext. 1 Fax 1-833-627-7025	Dianne and Irving Kipnes Urology Centre Tel: 780-407-6600 Netcare eReferral Consult Request <a href="http://albertanetcare.ca/eReferral.htm">Submit online</a> <a href="http://albertanetcare.ca/eReferral.htm">albertanetcare.ca/eReferral.htm</a>	Central Zone FAST Team Tel 1-833-553-3278 ext. 3 Fax 1-833-627-7022	Calgary Zone FAST Team Tel 1-833-553-3278 ext. 4 Fax 1-833-627-7023	South Zone FAST Team Tel 1-833-553-3278 ext. 5 Fax 1-833-627-7024

## BLADDER/INCONTINENCE

Reason for Referral	Access Target	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Bladder Diverticulum</b>		<p><b>ASK FOR ADVICE</b></p> <ul style="list-style-type: none"> <li>• <b>North/Edmonton:</b> Use <b>eReferral eConsult</b></li> <li>• <b>Central:</b> Contact <b>Central Alberta Urology</b></li> <li>• <b>Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>South:</b> Contact the <b>local Urologist office</b> directly</li> </ul>	<p><b>&lt; 6 months</b></p> <ul style="list-style-type: none"> <li>• Urinalysis</li> </ul>	
<b>Bladder Mass</b>	<b>&lt; 2 weeks</b>	<ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>		
<b>Bladder Stone</b>	<b>&lt; 3 months</b>			
<b>Bladder Fistula</b> (Documented)	<b>&lt; 1 month</b>		<p><b>&lt; 3 months</b></p> <ul style="list-style-type: none"> <li>• CT Cystogram</li> </ul>	
<b>Hematuria Gross</b>	<b>&lt; 4 weeks</b>	<p><b>Refer to: <u>CLINICAL PATHWAY: PROVINCIAL HEMATURIA EVALUATION.</u></b></p> <ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<ul style="list-style-type: none"> <li>• Creatinine</li> <li>• CT Urogram - with indication of "gross hematuria, urology consult pending."</li> </ul>	<p>Do Not Delay Urology Referral for CT results</p> <p>The referral to urology and for CT should be made concurrently</p> <p>Ultrasound and Urine CYTOLOGY is not indicated and will be performed by urology as required</p>
<b>Hematuria Microscopic</b> (≥3 rbc/hpf)	<b>&lt; 3 months</b>	<ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<p><b>&lt; 12 months</b></p> <ul style="list-style-type: none"> <li>• Creatinine, urinalysis x 2 (approx. 1 month apart)</li> <li>• Renal and bladder ultrasound                             <ul style="list-style-type: none"> <li>○ If patient has had a CT, an ultrasound is not necessary</li> </ul> </li> </ul> <p>**Hematuria Microscopic must be greater than or equal to 3 RBC/HPF on at least two urinalysis prior to referral</p>	<p><b>Refer to: <u>CLINICAL PATHWAY: PROVINCIAL HEMATURIA EVALUATION</u></b> and follow risk stratification</p> <p>Urine CYTOLOGY is not indicated and will be performed by urology as required</p>

# BLADDER/INCONTINENCE

Reason for Referral	Access Target	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Urinary Incontinence</b>	< 6 months	Refer to <a href="#">CLINICAL PATHWAY: FEMALE URINARY INCONTINENCE</a> . <ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>North/Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<ul style="list-style-type: none"> <li>• Pelvic ultrasound (needs to include bladder with PVR)</li> <li>• Referral letter should include description of pelvic exam findings</li> </ul> <b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• Urinalysis, urine culture, creatinine</li> </ul>	
<b>Neurogenic Bladder</b>	< 6 months	<ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• Creatinine, urinalysis, urine culture</li> <li>• Renal and bladder ultrasound</li> </ul>	
<b>Overactive Bladder (OAB)</b>	< 6 months		<b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• Creatinine, urinalysis, urine culture</li> <li>• Renal and bladder ultrasound</li> </ul>	
<b>Urachal Cyst</b>		<b>ASK FOR ADVICE</b> <ul style="list-style-type: none"> <li>• <b>North/Edmonton:</b> Use <b>eReferral eConsult</b></li> <li>• <b>Central:</b> Contact <b>Central Alberta Urology</b></li> <li>• <b>Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>South:</b> Contact the <b>local Urologist office</b> directly</li> </ul>	<b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• Abdominal ultrasound</li> </ul>	
<b>Urethral Strictures</b>		See " <a href="#">LOWER URINARY TRACT SYMPTOMS (LUTS)</a> " referral process		
<b>Urinary Retention Acute</b> (With Indwelling Catheter)	< 2 weeks	<ul style="list-style-type: none"> <li>• <b>North/Central/Calgary/South:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<b>&lt; 2 weeks</b> <ul style="list-style-type: none"> <li>• Creatinine, urinalysis, urine culture</li> </ul>	
<b>Urinary Tract Infections</b> (UTI, recurrent)	< 6 months	Refer to <a href="#">CLINICAL PATHWAY: RECURRENT URINARY TRACT INFECTIONS IN FEMALES</a> . <ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• Creatinine, urinalysis, urine culture</li> <li>• Renal and bladder ultrasound</li> <li>• Include a copy of medications used for treatment</li> </ul>	

## KIDNEY/URETER/ADRENAL

Reason for Referral	Access Target	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Adrenal Mass</b>	< 4 cm: < 4 weeks > 4 cm: Urgent case < 2 weeks	<ul style="list-style-type: none"> <li>• <b>North/Central/Calgary/South:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<p><b>&lt; 3 months</b></p> <ul style="list-style-type: none"> <li>• Electrolyte panel (Sodium, Chloride, Potassium and Bicarbonate)-note if using paper requisition please write "electrolyte panel"</li> <li>• Creatinine, random glucose, cortisol, 24-hour urine metanephrines</li> <li>• CT or MRI abdomen</li> </ul>	
<b>Angiomyolipoma (&lt;4cm)</b>		<p><b>ASK FOR ADVICE</b></p> <ul style="list-style-type: none"> <li>• <b>North/Edmonton:</b> Use <b>eReferral eConsult</b></li> <li>• <b>Central:</b> Contact <b>Central Alberta Urology</b></li> <li>• <b>Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>South:</b> Contact the <b>local Urologist office</b> directly</li> </ul>		Confirm with contrast enhanced CT/MRI
<b>Angiomyolipoma (&gt;4cm)</b>		<ul style="list-style-type: none"> <li>• <b>North/Central/Calgary/South:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<ul style="list-style-type: none"> <li>• Confirm with contrast enhanced CT/MRI</li> </ul>	
<b>Hydronephrosis</b>	< 4 weeks	<ul style="list-style-type: none"> <li>• <b>North/Central/Calgary/South:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<p><b>&lt; 3 months</b></p> <ul style="list-style-type: none"> <li>• Creatinine, urinalysis</li> <li>• Renal and bladder ultrasound                             <ul style="list-style-type: none"> <li>○ If CT, no ultrasound needed</li> </ul> </li> </ul>	
<b>Kidney Stone (Acute/Ureteric)</b>	< 2 weeks	<ul style="list-style-type: none"> <li>• <b>North/Calgary/South:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Central:</b> Call <b>RAAPID</b> to speak with Urologist on call</li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<p><b>&lt; 30 days</b></p> <ul style="list-style-type: none"> <li>• Electrolyte panel (Sodium, Chloride, Potassium and Bicarbonate)- note if using paper requisition please write "electrolyte panel"</li> <li>• Calcium, creatinine, urinalysis</li> <li>• Kidney Ureter Bladder (KUB) x-ray and renal colic CT <b>or</b> KUB x-ray and abdominal ultrasound</li> </ul> <p>*Must have KUB x-ray - Referrals with ultrasounds only, will not be accepted</p>	**If there is a discrepancy between the ultrasound and KUB x-ray, please consider a CT scan
<b>Kidney Stone Non-Obstructive</b>	< 3 months	<p>Refer to <b>CLINICAL PATHWAY:NON-OBSTRUCTING KIDNEY STONE</b></p> <ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<p><b>&lt; 3 months</b></p> <ul style="list-style-type: none"> <li>• Electrolytes (Sodium, Chloride, Potassium and Bicarbonate)- note if using paper requisition please write "electrolyte panel"</li> <li>• Calcium, creatinine, urinalysis</li> <li>• Kidney Ureter Bladder (KUB) x-ray and renal colic CT <b>or</b> KUB x-ray and abdominal ultrasound</li> </ul> <p>*Must have KUB x-ray - Referrals with ultrasounds only will not be accepted</p>	**If there is a discrepancy between the ultrasound and KUB x-ray, please consider a CT scan

## KIDNEY/URETER/ADRENAL

Reason for Referral	Access Target	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Renal Cyst</b> (Simple, Asymptomatic)		<p>Refer to <a href="#">CLINICAL PATHWAY: PROVINCIAL RENAL MASS DIAGNOSIS PRIMARY CARE PATHWAY</a>.</p> <p>Simple renal cysts that are asymptomatic (Bosniak score I or II) do not require consultation or further imaging</p>		
<b>Renal Cyst</b> (Complex or symptomatic simple)	<b>&lt; 3 months</b> (Urgent case < 2 weeks)	<p>Refer to <a href="#">CLINICAL PATHWAY: PROVINCIAL RENAL MASS DIAGNOSIS PRIMARY CARE PATHWAY</a>.</p> <p>Complex is considered a Bosniak Category IIF (with symptoms), III or IV</p> <ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<ul style="list-style-type: none"> <li>• If mass originally identified on US: order Renal Mass Protocol CT</li> <li>• If mass originally found on Contrast Enhanced CT Abd/Pelvis: Urology to order further imaging (if required)</li> </ul>	<p>Refer to <b>CLINICAL PATHWAY: Provincial Renal Mass Primary Care Pathway</b> (coming soon)</p> <p><b>If Bosniak Category IIF with no symptoms.</b> Follow Renal Mass Protocol CT/MRI q6-12 months for the first year and then yearly x 5 years. <b>No consultation required.</b></p>
<b>Renal Mass</b> (suspicious for malignancy)	<b>&lt; 4 weeks</b>	<p>Refer to <a href="#">CLINICAL PATHWAY: PROVINCIAL RENAL MASS DIAGNOSIS PRIMARY CARE PATHWAY</a>.</p> <ul style="list-style-type: none"> <li>• <b>North/Central/Calgary/South:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<ul style="list-style-type: none"> <li>• If mass originally identified on US: order Renal Mass Protocol CT</li> <li>• If mass originally found on Contrast Enhanced CT Abd/Pelvis: Urology to order further imaging (if required)</li> </ul>	

## GENITOURINARY DISORDERS

Reason for Referral	Access Target	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Abnormal DRE</b> (New Diagnosis)	<b>&lt; 4 weeks (Urgent)</b>	<ul style="list-style-type: none"> <li>• <b>North/Central/Calgary/South:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• PSA</li> </ul>	
<b>Elevated PSA</b> (No Previous Prostate Cancer)	<b>&lt; 4 weeks</b>		<b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• Urinalysis, urine culture (if urinalysis abnormal), prostate-specific antigen (PSA) x 2 done at least 4 weeks apart</li> </ul>	DRE Recommended. Refer to <a href="#">Asymptomatic Routine Prostate Specific Antigen (PSA) Testing Pathway</a> for Routine Asymptomatic PSA testing information.
<b>Elevated PSA</b> (Previous Cancer)	<b>&lt; 4 weeks</b>		<b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• Urinalysis, urine culture (if urinalysis abnormal), prostate specific antigen (PSA) x 2 done at least 4 weeks apart</li> </ul>	
<b>Epididymal Cyst</b> Symptomatic > 1 cm Spermatocele	<b>&lt; 6 months</b>			<b>&lt; 6 months</b> <ul style="list-style-type: none"> <li>• Scrotal ultrasound, which must include measured dimensions of the cyst</li> </ul>
<b>Erectile Dysfunction</b>	<b>&lt; 6 months</b>	<i>Refer only if patient has failed 2 different PDE 5 Inhibitors x 5 Consecutive Doses (each) or additional trials could not be completed</i> <ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<b>&lt; 6 months</b> <ul style="list-style-type: none"> <li>• AM testosterone</li> </ul>	Confirm patient interest in penile injection therapy or surgery prior to referral
<b>Female Voiding Dysfunction</b>	<b>&lt; 6 months</b>	<ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<b>&lt; 6 months</b> <ul style="list-style-type: none"> <li>• Urinalysis, urine culture</li> <li>• Renal and bladder ultrasound (no x-ray needed)</li> </ul>	
<b>Fistula- Female Urinary Genital Tract</b>	<b>&lt; 3 months</b>		<b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• CT Cystogram</li> </ul>	



## GENITOURINARY DISORDERS

Reason for Referral	Access Target	Process	Mandatory Info (Essential Investigations & Timeframes)	Extra Info (if Available)
<b>Foreskin Problems</b> Includes Phimosis	< 3 months	<i>Patient must have failed a two-month trial of a steroid cream prior to referral.</i> <ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b>.</li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b>.</li> </ul>		
<b>Hematospermia</b>	< 6 months	<b>ASK FOR ADVICE</b> <ul style="list-style-type: none"> <li>• <b>North/Edmonton:</b> Use <b>eReferral eConsult</b></li> <li>• <b>Central:</b> Contact <b>Central Alberta Urology</b>.</li> <li>• <b>Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>South:</b> Contact the <b>local Urologist office</b> directly</li> </ul>	<b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• Urinalysis, urine culture</li> <li>• PSA if between age 40-75</li> <li>• Abdominal and pelvic ultrasound</li> </ul>	
<b>Hydrocele</b> (Must be symptomatic and clinically detectable on exam)	< 6 months	<i>Refer for <b>Symptomatic or Clinically significant findings only.</b></i> <ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• Scrotal ultrasound, which must include measured dimensions of the hydrocele</li> </ul>	
<b>Hypospadias</b>		<ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>		
<b>Lower Urinary Tract Symptoms</b> (Male LUTS) Includes BPH, Urethral Strictures, Prostatitis, Male Chronic Pelvic Pain	< 6 months  (Urgent case < 2 weeks)	<b>Refer to: <u>CLINICAL PATHWAY: PROVINCIAL MALE LUTS PRIMARY CARE CLINICAL PATHWAY</u></b> <ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<b>&lt; 6 months</b> <ul style="list-style-type: none"> <li>• Urinalysis, Renal and bladder ultrasound</li> </ul> <b>BPH:</b> <i>Patient must have failed a one-month trial of tamsulosin (Flomax) prior to referral.</i>	Baseline International Prostate Symptom Score (IPSS) form, post-treatment IPSS.

<p><b>Male Infertility</b></p>	<p><b>&lt; 3 months</b></p>	<ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<p><b>&lt; 6 months</b></p> <ul style="list-style-type: none"> <li>• Semen analysis</li> <li>• FSH</li> <li>• AM testosterone (to be completed within the hours of 0800-1000)</li> <li>• LH</li> <li>• Prolactin</li> <li>• Estradiol</li> </ul>	
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## GENITOURINARY DISORDERS

Reason for Referral	Access Target	Process	Mandatory Info (Essential Investigations & Timeframes)	Extra Info (if Available)
<p><b>Male Sexual Dysfunction</b> Includes Low Testosterone, Hypogonadism, Ejaculatory Dysfunction, Rapid Ejaculation</p>	<b>&lt; 6 months</b>	<p><b>ASK FOR ADVICE</b></p> <ul style="list-style-type: none"> <li>• <b>North/Edmonton:</b> Use <b>eReferral eConsult</b></li> <li>• <b>Central:</b> Contact <b>Central Alberta Urology</b></li> <li>• <b>Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>South:</b> Contact the <b>local Urologist office</b> directly</li> </ul>		
<p><b>Penile Mass</b> Cancer Concern</p>	<b>&lt; 2 weeks</b>	<ul style="list-style-type: none"> <li>• <b>North/Calgary/Central/South:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<p><b>&lt; 3 months</b></p> <ul style="list-style-type: none"> <li>• CBC, INR</li> <li>• CT Abdomen/pelvis with contrast</li> </ul>	
<p><b>Peyronie's Disease</b></p>	<b>&lt; 6 months</b>	<ul style="list-style-type: none"> <li>• <b>North/Central/Calgary/South:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<p><b>&lt; 6 months</b></p> <ul style="list-style-type: none"> <li>• AM testosterone, fasting glucose, lipids panel</li> <li>• Patient to bring picture of erection to appointment (within 30 days)</li> </ul>	
<p><b>Testicular Mass</b></p>	<b>&lt; 1 week</b>	<ul style="list-style-type: none"> <li>• <b>North/Calgary/South:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Central:</b> Call <b>RAAPID</b> to speak with Urologist on call</li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>		
<p><b>Testicular Microlithiasis</b></p>	<b>&lt; 6 months</b>	<p><b>ASK FOR ADVICE</b></p> <ul style="list-style-type: none"> <li>• <b>North/Edmonton:</b> Use <b>eReferral eConsult</b></li> <li>• <b>Central:</b> Contact <b>Central Alberta Urology</b></li> <li>• <b>Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>South:</b> Contact the <b>local Urologist office</b> directly</li> </ul>	<p><b>&lt; 6 months</b></p> <ul style="list-style-type: none"> <li>• Scrotal ultrasound</li> </ul>	
<p><b>Testicular Pain Chronic (Non-STD)</b> <i>For STD related pain refer to zonal STD clinic</i></p>	<b>&lt; 6 months</b>		<p><b>&lt; 6 months</b></p> <ul style="list-style-type: none"> <li>• Urinalysis, urine culture</li> <li>• Scrotal ultrasound</li> </ul>	
<p><b>Undescended Testicle with Negative BHCG and AFP</b></p>		<p><b>North/Central/Calgary/South:</b></p> <ul style="list-style-type: none"> <li>• <b>If Urgent - Call RAAPID</b></li> <li>• If non-urgent, Send referral to <b>Zone FAST Team</b></li> </ul> <p><b>Edmonton:</b></p> <ul style="list-style-type: none"> <li>• <b>If BHCG positive, Urgent Referral: Call Kipnes Referral &amp; Triage Dept</b></li> </ul> <p>If BHCG negative, use <b>eReferral eConsult</b></p>		

GENITOURINARY DISORDERS				
Reason for Referral	Access Target	Process	Mandatory Info (Essential Investigations & Timeframes)	Extra Info (if Available)
<b>Urethral Disorder (Female)</b>	< 6 months	<ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• Urinalysis, urine culture</li> </ul>	
<b>Vaginal Prolapse</b> Includes Cystocele	< 6 months		<b>&lt; 3 months</b> <ul style="list-style-type: none"> <li>• Creatinine, urinalysis, urine culture</li> </ul>	
<b>Vasectomy</b>	< 6 months	<ul style="list-style-type: none"> <li>• <b>South:</b> Refer to community provider of your choice</li> <li>• <b>North/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>		
<b>Vasectomy Reversal</b>	< 6 months	<ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>		
<b>Varicocele</b> Must be symptomatic and clinically detectable on physical exam	< 6 months	<b>ASK FOR ADVICE</b> <ul style="list-style-type: none"> <li>• <b>North/Edmonton:</b> Use <b>eReferral eConsult</b></li> <li>• <b>Central:</b> Contact <b>Central Alberta Urology</b></li> <li>• <b>Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>South:</b> Contact the <b>local Urologist office</b></li> </ul>	<b>&lt; 6 months</b> <ul style="list-style-type: none"> <li>• Scrotal ultrasound</li> </ul>	

TRANSGENDER CARE				
Reason for Referral	Access Target	Process	Mandatory Info (Essential Investigations & Timeframes)	Extra Info (If Available)
<b>Orchidectomy (Gender Affirming)</b>		Refer to: <a href="#">CLINICAL PATHWAY: Provincial Adult Gender Affirming Care Pathway</a> . <ul style="list-style-type: none"> <li>• <b>North/South/Central/Calgary:</b> Send referral to <b>Zone FAST Team</b></li> <li>• <b>Edmonton:</b> Send to Dianne and Irving Kipnes Urology Centre via <b>eReferral</b></li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis of gender dysphoria as outlined in the <a href="#">Provincial Adult Gender Affirming Care Pathway</a>.</li> </ul>	
OTHER				
Reason for Referral	Access Target	Process	Mandatory Info (Essential Investigations & Timeframes)	Extra Info (If Available)
<b>Fistula Anal Region</b>		Refer to General Surgery See <a href="#">Provincial General Surgery Referral Pathway</a>		

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