

## CLINICAL POLICY ADVISORY GROUP (CPAG)

### Cystoscopy for uncomplicated lower urinary tract symptoms

#### Statement

NHS Derby and Derbyshire ICB, in line with its principles for evidence-based interventions has deemed Cystoscopy for uncomplicated lower urinary tract symptoms should not be routinely commissioned for male adults aged 19 years and over unless the criteria in the policy is met

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

## 1. Background

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).

## 2. Recommendation

This guidance applies to male adults aged 19 years and over.

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

Additional 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 surgery.

Other 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.

## 3. 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).

## 4. Personalised Care

*[Personalised care](#) simply means that people have more control and choice when it comes to the way their care is planned and delivered, considering their individual needs, preferences and circumstances. It includes supporting shared decision making and self-management.*

*[Shared decision-making](#) means people are supported to:*

- *understand the care, treatment and support options available and the risks, benefits and consequences of those options*
- *decide on a preferred course of action, based on evidence based, good quality information and their personal preferences.*

*[Supported self-management](#) means increasing the knowledge, skills and confidence a person has in managing their own health and care. This involves using self-management education, peer support, and health coaching.*

*[Decision support tools](#), also called patient decision aids support shared decision making by making treatment, care and support options explicit. They provide evidence-based information about the associated benefits/harms and help patients to consider what matters most to them in relation to the possible outcomes, including doing nothing.*

## 5. Useful Resources

- [BRAN leaflet](#) – Shared decision making supports individuals to make the right decision for them. This easy-to-use leaflet supports this people to consider their treatment options.

## 6. References

1. [NICE Clinical guideline \(2010\) Lower urinary tract symptoms in men: management \[CG97\].](#)
2. [European Association of Urology. Management of non-neurogenic male LUTS](#)
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 DOI: 10.1111/j.1464-410x.1975.tb06261.x
4. [Anikwe, R.M. Correlations between clinical findings and urinary flow rate in benign prostatic hypertrophy.](#) Int Surg, 1976. 61: 39
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: 102 DOI: 10.1097/00005392-199603000-00061
6. Academy of Medical Royal Colleges [EBI Guidance for Cystoscopy for uncomplicated lower urinary tract symptoms](#)

## 7. Appendices

### Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

<b>Consultee</b>	<b>Date</b>
Clinical Policies Advisory Group (CPAG)	August 2021
Academy of Medical Royal Colleges	August 2021
Consultant Urologist, CRHFT	August 2021
Consultant Urologist, UHDBFT	August 2021
Divisional Director of Surgical Services, CRHFT	August 2021
Clinical Lay Commissioning Committee	August 2021
Academy of Medical Royal Colleges	September 2024
Clinical Policies Advisory Group (CPAG)	March 2025

### Appendix 2 - Document Update

<b>Document Update</b>	<b>Date Updated</b>
<u>Version 1</u> – new policy - Cystoscopy for uncomplicated lower urinary tract symptoms – aligned to Academy of Medical Royal Colleges EBI Guidance	March 2025