

All Gynaecological referrals (except 2 week-wait referrals) will be processed by The Gynaecology Collaborative  
**Female Urinary Incontinence (UI) Pathway**

**Red Flags:**  
 Dysuria & unexplained non- visible haematuria >60yo **Bladder Cancer**

Haematuria (visible or non-visible) with Dysuria or ↑wcc on FBC, >60yo  
**Bladder Cancer**

Haematuria (visible) with ↓ Hb/ ↑platelets/↑ glucose  
 Or unexplained vaginal discharge in >55yo  
**Endometrial Cancer**

Unexplained & Recurrent or Persistent UTI >60yo  
**Bladder Cancer**

Urgency +/- Frequency increasing, persistent or frequent, >12x per month in >50yo **Ovarian Cancer**

**Lifestyle Advice:**  
 Smoking Cessation  
 Modify Fluid intake in evenings (if nocturia)  
 Reduce Caffeinated Drinks  
 Weight Loss  
 Avoid Constipation

**Patient Resources:**  
[Bladder Training](#)  
[Bladder & Bowel Service Patient Website](#)

**Assessment:**  
 Symptoms  
 Obstetric History  
 Constipation & Faecal Incontinence  
 Medication (eg diuretics)  
 Caffeine Intake  
 Pad Usage  
 Impact on Quality of Life  
 Medical History-Chronic Respiratory Disease, Neurological Conditions, Pelvic Radiotherapy/Surgery  
[Bladder Diary](#)  
 Check Prolapse & Pelvic Floor Tone  
 Urinalysis & MSU; Treat UTI

**Refer Gynaecology Collaborative: (For Secondary Care Referral)**  
 Persistent Bladder/Urethral Pain  
 Symptoms of Voiding Difficulties  
 Symptomatic Prolapse considering surgery  
 Previous Continence Surgery  
 Suspected Urogenital Fistula  
 Previous Pelvic Radiotherapy/Cancer Surgery  
 Suspected Neurological Disease  
 Associated Faecal Incontinence  
 Benign Pelvic Mass

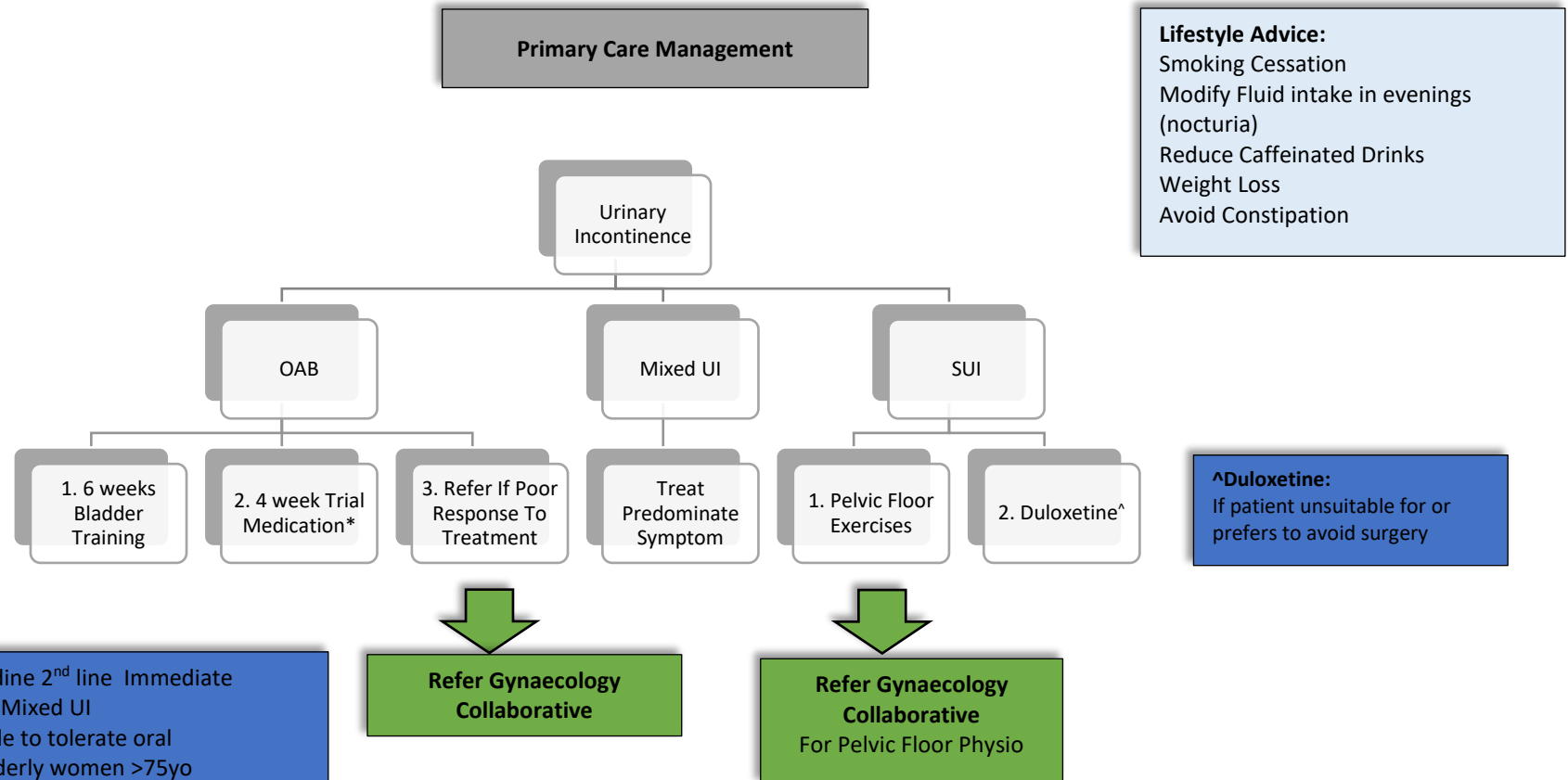


**Refer to Urology on call:**  
 Urinary Retention or Palpable Bladder

**Determine type of Incontinence**  
 Stress Urinary Incontinence (SUI)  
 Overactive Bladder (OAB) or Urge Incontinence  
 Mixed Urinary Incontinence

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### Female Urinary Incontinence (UI) Pathway



**Lifestyle Advice:**  
Smoking Cessation  
Modify Fluid intake in evenings (nocturia)  
Reduce Caffeinated Drinks  
Weight Loss  
Avoid Constipation

**^Duloxetine:**  
If patient unsuitable for or prefers to avoid surgery

\*Oxybutinin 1<sup>st</sup> or Tolterodine 2<sup>nd</sup> line Immediate Release Tablets for OAB or Mixed UI  
Oxybutinin Patches if unable to tolerate oral  
Avoid Oxybutinin in frail elderly women >75yo  
Solifenacin  
Mirabegron restricted to failed treatment with 2 agents each tried for 4 weeks or antimuscarinics contraindicated  
Review dose & adjust as tolerated after 4 weeks use  
Review tolerability, adherence, efficacy  
Annual review or every 6m if >75yo  
Drug Holiday 4 weeks, discontinue if successful

Please consider further guidance <https://cks.nice.org.uk/incontinence-urinary-in-women#!management>