

**LUTS in men:**

# How should I assess a man with lower urinary tract symptoms?

Last revised in March 2019

- **Take a history.**
  - Establish the type (or combination of types) of lower urinary tract symptoms (LUTS) the man has by asking about:
    - Storage symptoms, including urgency, daytime urinary frequency, nocturia, urinary incontinence, and feeling the need to urinate again just after passing urine. Specifically ask about bedwetting, as this can be a sign of chronic urinary retention.
    - Voiding symptoms, including hesitancy, weak or intermittent urinary stream sometimes causing splitting or spraying, straining, intermittency, incomplete emptying, and terminal dribbling.
    - Post-micturition symptoms, including post-micturition dribble and the sensation of incomplete emptying.
  - Ask about possible underlying causes (</topics/luts-in-men/background-information/causes-of-luts/>) of the specific type of LUTS, including comorbidities (such as diabetes and multiple sclerosis) and current drug treatments (including herbal and over-the-counter medicines).
  - Establish the man's main concerns, for example whether he is worried about cancer, symptom progression, or acute urinary retention.
- **Examine the man to assess for the underlying cause** ([<https://cks.nice.org.uk/topics/luts-in-men/diagnosis/assessment/>](/topics/luts-in-</a></li></ul></div><div data-bbox=)

**men/background-information/causes-of-luts/) of the specific type of LUTS.**

- Examine the abdomen for signs of a distended bladder, such as abdominal distention and suprapubic dullness on percussion.
- Check the external genitalia to identify conditions that may cause or contribute to LUTS, for example phimosis, meatal stenosis, or penile cancer.
- Perform a digital rectal examination to assess the prostate for size, consistency, nodules, and tenderness.
- Examine the perineum and/or lower limbs to evaluate motor and sensory function.
- **Ask men with bothersome LUTS to complete a urinary frequency-volume chart (/topics/luts-in-men/diagnosis/assessment/#urinary-frequency-volume-chart) for at least 3 days**, to distinguish between urinary frequency, polyuria, nocturia, and nocturnal polyuria.
- **Exclude serious causes of LUTS, including:**
  - Urological cancer — may present with a prostate that is hard and irregular, unexplained haematuria, lower back pain, bone pain, and weight loss.
    - If suspected, refer the man using a suspected cancer pathway referral (for an appointment within 2 weeks). For more information, see the CKS topic on Urological cancers - recognition and referral (/topics/urological-cancers-recognition-referral/).
  - Urological infection — may present with pain when urinating, pelvic pain, loin pain, fever, and abnormal urine dipstick test findings.
    - If suspected, confirm and manage accordingly. For more information, see the CKS topics on Prostatitis - acute (/topics/prostatitis-acute/), Prostatitis - chronic (/topics/prostatitis-chronic/), Pyelonephritis - acute (/topics/pyelonephritis-acute/), Urethritis - male (/topics/urethritis-male/), and Urinary tract infection (lower) - men (/topics/urinary-tract-infection-lower-men/).
  - Sciatica — may present with weakness, numbness, or tingling in the leg, and can cause or aggravate LUTS.
    - For information on the diagnosis and management of sciatica, see the CKS topic on Sciatica (lumbar radiculopathy) (/topics/sciatica-lumbar-radiculopathy/).
- **Investigations (/topics/luts-in-men/diagnosis/investigations/) should be guided**

by the symptoms, history, and examination.

- Offer men considering any [treatment \(/topics/luts-in-men/management/\)](/topics/luts-in-men/management/) for LUTS an assessment of their baseline symptoms with a validated symptom score, such as the [International Prostate Symptom Score \(IPSS\) \(/topics/luts-in-men/diagnosis/assessment/#international-prostate-symptom-score-ipss\)](/topics/luts-in-men/diagnosis/assessment/#international-prostate-symptom-score-ipss), to allow assessment of subsequent symptom change.

## Urinary frequency-volume chart

- A urinary frequency–volume chart is used to help distinguish and diagnose the following:
  - Frequency — high frequency with normal 24-hour volume suggests that the bladder capacity is diminished (the male bladder normally holds 300–600 mL urine comfortably).
  - Polyuria (passing more urine than usual) — up to 3 L of urine in 24 hours is normal.
  - Nocturia (waking at night to urinate).
  - Nocturnal polyuria (passing, at night, more than 35% of the 24-hour urine production).
- Urinary frequency–volume charts are freely available online, for example from the Bladder Matters website ([www.bladdermatters.co.uk](http://www.bladdermatters.co.uk) (<http://www.bladdermatters.co.uk/downloads/85923fchart.pdf>)).

[[National Clinical Guideline Centre, 2015 \(/topics/luts-in-men/references/\)](/topics/luts-in-men/references/)];  
[European Association of Urology, 2018 \(/topics/luts-in-men/references/\)](/topics/luts-in-men/references/)]

## International Prostate Symptom Score (IPSS)

- The International Prostate Symptom Score (IPSS) is a tool for classifying the severity of lower urinary tract symptoms (LUTS) and assessing the impact of LUTS on quality of life.
- The IPSS questionnaire is intended to be completed by the man. It contains seven questions relating to symptom severity (each question is scored from 0

[best] to 5 [worst]) and one question relating to quality of life due to urinary symptoms (scored from 0 [best] to 6 [worst]).

- The IPSS severity score is interpreted as:
  - Score 20–35: severely symptomatic.
  - Score 8–19: moderately symptomatic.
  - Score 0–7: mildly symptomatic.
- Limitations of the IPSS questionnaire include lack of assessment of incontinence, post-micturition symptoms, and bother caused by each separate symptom.
- Printable versions of the IPSS questionnaire are widely available online, for example from the Royal United Hospital Bath NHS trust website ([www.ruh.nhs.uk](http://www.ruh.nhs.uk)) ([http://www.ruh.nhs.uk/patients/Urology/documents/patient\\_leaflets/Form\\_IPSS.pdf](http://www.ruh.nhs.uk/patients/Urology/documents/patient_leaflets/Form_IPSS.pdf))

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[[European Association of Urology, 2018 \(/topics/luts-in-men/references/\)](#)]

## Basis for recommendation

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