

Provincial Adult Urology Referral Pathway

REVIEW CLINICAL PATHWAY

(If available)

A clinical pathway may be available for your patient's condition. Please use the information to help support care decisions:

Provincial

- [Non-Obstructing Kidney Stone Primary Care Pathway](#)
- [Asymptomatic Routine Prostate Specific Antigen \(PSA\) Testing Pathway](#)

Edmonton Zone

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

Calgary Zone

- [Female Urinary Incontinence Primary Care Pathway](#)

If you have any questions while using a clinical pathway or if a clinical pathway is not available reach out and seek advice.

ASK FOR ADVICE

(Specialists provide advice to physicians for non-urgent questions)

If you have been directed to seek Advice or need to connect with a Specialist:

By electronic advice (Response within 5 calendar days): Use **Alberta Netcare eReferral Advice Request** and submit requests for:

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

For more information, go to: albertanetcare.ca/eReferral.htm

By telephone advice:

Calgary Zone – (calls returned within 1 hour)

Call **Specialist Link** at 1-844-962-5465 or go online to specialistlink.ca for more information.

NON-URGENT CONSULTATION

(Patient does **NOT** need to be seen urgently)

- Complete the FAST Adult Urology Referral Form (note: check in your EMR as it may already be built in) www.ahs.ca/frm-21349.pdf
- Attach all required information as outlined under **Mandatory Info (Essential investigations & timeframes)**.
- See QuRE Referral/Consult Checklist (ahs.ca/QuRE) for high-quality referral guidelines.
- **Alberta Facilitated Access to Specialized Treatment (FAST)** is accepting referrals via fax. Submit your completed referral to the Zone FAST fax number.
- If you have a question about a previously submitted but unassigned referral, call the FAST office.
- If you have a question about an assigned referral, please contact the specialist office directly.

URGENT ADVICE

(Patient may need to be seen immediately. Patients with conditions that require same day intervention and/or diagnostics but not hospitalizations and not life threatening.)

- **North Zone:** Call **RAAPID North: 1-800-282-9911.**
- **Edmonton Zone:** Call **RAAPID North: 1-800-282-9911.**
- **Central Zone:** For patients **North of Red Deer**, call **RAAPID North: 1-800-282-9911.** For patients **in and South of Red Deer**, call **RAAPID South: 1-800-661-1700.**
- **Calgary Zone:** **RAAPID 1-800-661-1700**
- **South Zone:** Call **RAAPID 1-800-661-1700** or **Surgeon on Call.**

EMERGENCY CONSULTATION

(Patient **NEEDS** to be seen immediately)

Send to emergency for: Acute Scrotal Pain, Testicular Torsion, Acute Renal Colic with FEVER, Genitourinary Trauma, Genitourinary Tract Foreign Body

- **North Zone:** Call **RAAPID** or send to **Emergency Department** as appropriate.
- **Edmonton Zone:** Call **RAAPID** or send to **Emergency Department** as appropriate.
- **Central Zone:** Call **RAAPID** or send to **Emergency Department** as appropriate.
- **Calgary Zone:** Call **RAAPID** or send to **Emergency Department** as appropriate.
- **South Zone:** Call **RAAPID** or send to **Emergency Department** as appropriate.

BLADDER/INCONTINENCE

Reason for Referral	Access Target	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
BLADDER DIVERTICULUM		ASK FOR ADVICE <ul style="list-style-type: none"> North/Edmonton: Use eReferral Advice Request. Central: Contact Central Alberta Urology. Calgary: Call Specialist Link or use eReferral Advice Request. South: Contact the local Urologist office directly. 	< 6 months <ul style="list-style-type: none"> Urinalysis 	
BLADDER MASS	< 2 weeks	<ul style="list-style-type: none"> Central/Calgary/South: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request 		
BLADDER STONE	< 3 months	<ul style="list-style-type: none"> South/Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 		
BLADDER FISTULA Documented	< 1 month	<ul style="list-style-type: none"> South/Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 	< 3 months <ul style="list-style-type: none"> CT Cystogram 	
HEMATURIA GROSS	< 2 weeks	<ul style="list-style-type: none"> Central/Calgary/South: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request 		
HEMATURIA MICROSCOPIC (3 or greater rbc/hpf)	< 3 months	<ul style="list-style-type: none"> South/Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 	< 12 months <ul style="list-style-type: none"> Creatinine, urinalysis x 2, urine culture Renal and bladder ultrasound <ul style="list-style-type: none"> If patient has had a CT, an ultrasound is not necessary. <p>**Hematuria Microscopic must be greater than or equal to 3 RBC/HPF on at least two urinalysis prior to referral.</p>	
URINARY INCONTINENCE	< 6 months	Refer to CLINICAL PATHWAY: FEMALE URINARY INCONTINENCE <ul style="list-style-type: none"> South/Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 	< 3 months <ul style="list-style-type: none"> Urinalysis, urine culture 	

BLADDER/INCONTINENCE

Reason for Referral	Access Target	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
NEUROGENIC BLADDER	< 6 months	<ul style="list-style-type: none"> • South/Central/Calgary: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request. 	<p>< 3 months</p> <ul style="list-style-type: none"> • Creatinine, urinalysis, urine culture • Renal and Bladder Ultrasound 	
OVERACTIVE BLADDER (OAB)	< 6 months	<ul style="list-style-type: none"> • South/Central/Calgary: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request. 	<p>< 3 months</p> <ul style="list-style-type: none"> • Electrolytes, creatinine, urinalysis, urine culture • Renal and Bladder Ultrasound 	
URACHAL CYST		<p>ASK FOR ADVICE</p> <ul style="list-style-type: none"> • North/Edmonton: Use eReferral Advice Request. • Central: Contact Central Alberta Urology. • Calgary: Call Specialist Link or Use eReferral Advice Request. • South: Contact the local Urologist office directly. 	<p>< 3 months</p> <ul style="list-style-type: none"> • Abdominal ultrasound 	
URETHRAL STRICTURES		See " LOWER URINARY TRACT SYMPTOMS (LUTS) " referral process (page 6)		
URINARY RETENTION ACUTE (with indwelling Catheter)	< 2 weeks	<ul style="list-style-type: none"> • Central/Calgary/South: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request 	<p>< 2 weeks</p> <ul style="list-style-type: none"> • Electrolytes, creatinine, urinalysis, urine culture 	
RECURRENT URINARY TRACT INFECTIONS (UTI)	< 6 months	<p>Refer to <u>CLINICAL PATHWAY: RECURRENT URINARY TRACT INFECTIONS IN FEMALES</u></p> <ul style="list-style-type: none"> • South/Central/Calgary: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request. 	<p>< 3 months</p> <ul style="list-style-type: none"> • Creatinine, urinalysis, urine culture • Renal and bladder ultrasound • Include a copy of medications used for treatment 	

KIDNEY/URETER/ADRENAL

Reason for Referral	Access Target	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
ADRENAL MASS	<ul style="list-style-type: none"> • < 4 cm: < 4 weeks • > 4 cm: Urgent case < 2 weeks 	<ul style="list-style-type: none"> • Central/Calgary/South: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request 	<p>< 3 months</p> <ul style="list-style-type: none"> • Electrolytes, creatinine, random glucose, cortisol, 24-hour urine metanephrines • CT or MRI abdomen 	
HYDRONEPHROSIS	< 4 weeks	<ul style="list-style-type: none"> • Central/Calgary/South: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request 	<p>< 3 months</p> <ul style="list-style-type: none"> • Electrolytes, creatinine, urinalysis • Renal and bladder ultrasound <ul style="list-style-type: none"> ○ If CT, no ultrasound needed 	
KIDNEY STONE (ACUTE/URETERIC)	< 2 weeks	<ul style="list-style-type: none"> • Central/Calgary/South: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request 	<p>< 30 days</p> <ul style="list-style-type: none"> • Electrolytes, creatinine, urinalysis • Kidney Ureter Bladder (KUB) x-ray and renal colic CT or KUB x-ray and abdominal ultrasound. <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 STONE - NON-OBSTRUCTIVE	< 3 months	<p>Refer to <u>CLINICAL PATHWAY:NON-OBSTRUCTING KIDNEY STONE</u></p> <ul style="list-style-type: none"> • South/Central/Calgary: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request. 	<p>< 3 months</p> <ul style="list-style-type: none"> • Electrolytes, creatinine, urinalysis • Kidney Ureter Bladder (KUB) x-ray and renal colic CT or KUB x-ray and abdominal ultrasound. <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.
RENAL CYST	<p>< 3 months</p> <p>(Urgent case < 2 weeks)</p>	<p><i>Simple renal cysts do not require consultation or further imaging.</i></p> <ul style="list-style-type: none"> • South/Central/Calgary: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request. 		
RENAL MASS > 4CM	< 2 weeks	<ul style="list-style-type: none"> • Central/Calgary/South: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request 	<p>< 3 months</p> <ul style="list-style-type: none"> • CXR and Ultrasound or CT renal mass protocol 	
RENAL MASS < 4CM	< 8 weeks	<ul style="list-style-type: none"> • Central/Calgary/South: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request 	<p>< 3 months</p> <ul style="list-style-type: none"> • CXR and Ultrasound or CT renal mass protocol 	

GENITOURINARY DISORDERS

Reason for Referral	Access Target	Process	Mandatory Info (Essential Investigations & Timeframes)	Extra Info (if Available)
ABNORMAL DRE – (new diagnosis)	< 4 weeks (Urgent)	<ul style="list-style-type: none"> Central/Calgary/South: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request 	< 3 months <ul style="list-style-type: none"> PSA 	
ELEVATED PSA (no previous prostate cancer)	< 4 weeks	<ul style="list-style-type: none"> Central/Calgary/South: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request 	< 3 months <ul style="list-style-type: none"> Urinalysis, urine culture (if urinalysis abnormal), prostate-specific antigen (PSA) x 2 done at least 4 weeks apart 	DRE Recommended. Refer to Asymptomatic Routine Prostate Specific Antigen (PSA) Testing Pathway for Routine Asymptomatic PSA testing information.
ELEVATED PSA (previous cancer)	< 4 weeks	<ul style="list-style-type: none"> Central/Calgary/South: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request 	< 3 months <ul style="list-style-type: none"> Urinalysis, urine culture (if urinalysis abnormal), prostate specific antigen (PSA) x 2 done at least 4 weeks apart 	
EPIDIDYMAL CYST Symptomatic > 1 cm • Spermatocele	< 6 months	<ul style="list-style-type: none"> South/Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 	< 6 months <ul style="list-style-type: none"> Scrotal ultrasound, which must include measured dimensions of the cyst 	
ERECTILE DYSFUNCTION	< 6 months	<p style="color: blue; font-style: italic;">Refer only if patient has failed 3 different PDE 5 Inhibitors x 5 Consecutive Doses</p> <ul style="list-style-type: none"> South/Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 	< 6 months <ul style="list-style-type: none"> AM testosterone 	
FEMALE VOIDING DYSFUNCTION	< 6 months	<ul style="list-style-type: none"> South/Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 	< 6 months <ul style="list-style-type: none"> Urinalysis, urine culture Renal bladder ultrasound (no x-ray needed) 	
FISTULA – FEMALE URINARY GENITAL TRACT	< 3 months	<ul style="list-style-type: none"> South/Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 	< 3 months <ul style="list-style-type: none"> CT Cystogram 	

GENITOURINARY DISORDERS				
Reason for Referral	Access Target	Process	Mandatory Info (Essential Investigations & Timeframes)	Extra Info (if Available)
FORESKIN PROBLEMS Includes Phimosis	< 3 months	<p><i>Patient must have failed a two-month trial of a steroid cream prior to referral.</i></p> <ul style="list-style-type: none"> • South/Central/Calgary: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request. 		
HEMATOSPERMIA	< 6 months	<p>ASK FOR ADVICE</p> <ul style="list-style-type: none"> • North/Edmonton: Use eReferral Advice Request. • Central: Contact Central Alberta Urology. • Calgary: Call Specialist Link or Use eReferral Advice Request. • South: Contact the local Urologist office directly. 	<p>< 3 months</p> <ul style="list-style-type: none"> • Urinalysis, urine culture • PSA if between age 40-75 • Abdominal and pelvic ultrasound 	
HYDROCELE (Must be symptomatic and clinically detectable on exam)	< 6 months	<p><i>Refer for Symptomatic or Clinically significant findings only.</i></p> <ul style="list-style-type: none"> • South/Central/Calgary: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request. 	<p>< 3 months</p> <ul style="list-style-type: none"> • Scrotal ultrasound, which must include measured dimensions of the hydrocele 	
HYPOSPADIAS		<ul style="list-style-type: none"> • South/Central/Calgary: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request. 		
LOWER URINARY TRACT SYMPTOMS (MALE LUTS) Includes BPH, Urethral Strictures, Prostatitis, Male Chronic Pelvic Pain	< 6 months (Urgent case < 2 weeks)	<ul style="list-style-type: none"> • South/Central/Calgary: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request. 	<p>< 6 months</p> <ul style="list-style-type: none"> • Urinalysis, Renal and Bladder Ultrasound <p>BPH: <i>Patient must have failed a one-month trial of tamsulosin (Flomax) prior to referral.</i></p>	Baseline International Prostate Symptom Score (IPSS) form, post-treatment IPSS.
MALE INFERTILITY	< 3 months	<ul style="list-style-type: none"> • South/Central/Calgary: Send referral to Zone FAST Team. • North/Edmonton: eReferral Consult Request. 	<p>< 3 months</p> <ul style="list-style-type: none"> • Semen analysis 	

GENITOURINARY DISORDERS

Reason for Referral	Access Target	Process	Mandatory Info (Essential Investigations & Timeframes)	Extra Info (If Available)
<p>MALE SEXUAL DYSFUNCTION Includes Low Testosterone, Hypogonadism, Ejaculatory Dysfunction, Rapid Ejaculation</p>	<p>< 6 months</p>	<p>ASK FOR ADVICE</p> <ul style="list-style-type: none"> North/Edmonton: Use eReferral Advice Request. Central: Contact Central Alberta Urology. Calgary: Call Specialist Link or Use eReferral Advice Request. South: Contact the local Urologist office directly. 		
<p>PENILE MASS Cancer Concern</p>	<p>< 2 weeks</p>	<ul style="list-style-type: none"> Central/Calgary/South: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request 	<p>< 3 months</p> <ul style="list-style-type: none"> CBC, INR CT Abdomen/pelvis with contrast 	
<p>PEYRONIE'S DISEASE</p>	<p>< 6 months</p>	<ul style="list-style-type: none"> South/Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 	<p>< 6 months</p> <ul style="list-style-type: none"> AM testosterone, fasting glucose, lipids panel. Patient to bring picture of erection to appointment (within 30 days) 	
<p>TESTICULAR MASS</p>	<p>< 1 week</p>	<ul style="list-style-type: none"> Central/Calgary/South: Send referral to Zone FAST Team North/Edmonton: eReferral Consult Request 		
<p>TESTICULAR MICROLITHIASIS</p>	<p>< 6 months</p>	<p>ASK FOR ADVICE</p> <ul style="list-style-type: none"> North/Edmonton: Use eReferral Advice Request. Central: Contact Central Alberta Urology. Calgary: Call Specialist Link or Use eReferral Advice Request. South: Contact the local Urologist office directly. 	<p>< 6 months</p> <ul style="list-style-type: none"> Scrotal Ultrasound 	

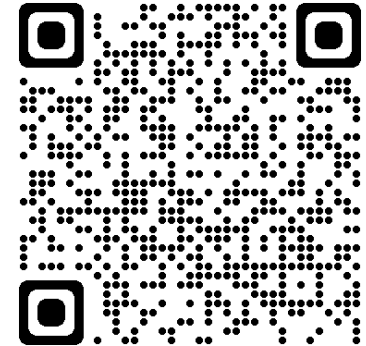
GENITOURINARY DISORDERS				
Reason for Referral	Access Target	Process	Mandatory Info (Essential Investigations & Timeframes)	Extra Info (If Available)
TESTICULAR PAIN CHRONIC (NON-STD) <i>For STD related pain refer to zonal STD clinic</i>	< 6 months	ASK FOR ADVICE <ul style="list-style-type: none"> North/Edmonton: Use eReferral Advice Request. Central: Contact Central Alberta Urology. Calgary: Call Specialist Link or use eReferral Advice Request. South: Contact the local Urologist office directly. 	< 6 months <ul style="list-style-type: none"> Urinalysis, urine culture Scrotal ultrasound 	
UNDESCENDED TESTICLE WITH NEGATIVE BHCG AND AFP		North/Central/Calgary/South: <ul style="list-style-type: none"> If Urgent - Call RAAPID. If non-urgent, send referral to Zone FAST Team. Edmonton: <ul style="list-style-type: none"> If BHCG positive, Urgent Referral: Call Kipnes Referral & Triage Dept. If BHCG negative, use eReferral Advice Request. 		
URETHRAL DISORDER (FEMALE)	< 6 months	<ul style="list-style-type: none"> South/Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 	< 3 months <ul style="list-style-type: none"> Urinalysis, urine culture 	
VAGINAL PROLAPSE	< 6 months	<ul style="list-style-type: none"> South/Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 	< 3 months <ul style="list-style-type: none"> Electrolytes, creatinine, urinalysis, urine culture 	
VASECTOMY	< 6 months	<ul style="list-style-type: none"> South: Refer to community provider of your choice. Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 		
VASECTOMY REVERSAL	< 6 months	<ul style="list-style-type: none"> South/Central/Calgary: Send referral to Zone FAST Team. North/Edmonton: eReferral Consult Request. 		
VARICOCELE Must be symptomatic and clinically detectable on physical exam.	< 6 months	ASK FOR ADVICE <ul style="list-style-type: none"> North/Edmonton: Use eReferral Advice Request. Central: Contact Central Alberta Urology. Calgary: Call Specialist Link or Use eReferral Advice Request. South: Contact the local Urologist office. 	< 6 months <ul style="list-style-type: none"> Scrotal ultrasound 	

OTHERS				
Reason for Referral	Access Target	Process	Mandatory Info (Essential Investigations & Timeframes)	Extra Info (If Available)
FISTULA-ENTERIC		All Zones: Refer to General Surgery. See Alberta Referral Directory for Zone Processes.		

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¹ Facilitated Access to Specialized Treatment (FAST)

This referral pathway was created and is updated through a co-design process with primary care, specialty care and patients. We value any feedback you have that would assist in improving this referral pathway for the future. Please share your comments [here](#) or use the QR code.



PROGRAM CONTACTS

Office	Contact Information	Location
RAAPID North	1-800-282-9911	For Patients North of Red Deer
RAAPID South	1-800-661-1700	For Patients in and South of Red Deer
Specialist Link	1-844-962-5465	For Patients in Calgary Zone
NORTH ZONE		
North Zone FAST Team	Phone: 1-833-553-3278 ext. 1 Fax: 1-833-627-7025	
EDMONTON ZONE		
Dianne and Irving Kipnes Urology Centre	Phone: 780-407-6600	11400 University Avenue NW Edmonton, AB T6G 1Z1
CENTRAL ZONE		
Central Zone FAST Team	Phone: 1-833-553-3278 ext. 3 Fax: 1-833-627-7022	
Central Alberta Urology	Phone: 403-356-9816	208, 3947 50a Ave Red Deer, AB T4N 6V7
Dr. Stephanus Van Zyl	Phone: 403-358-7654	Room 155 Central Alberta Professional Centre 5201-43 rd Street Red Deer, AB T4N 1C7
CALGARY ZONE		
Calgary Zone FAST Team	Phone: 1-833-553-3278 ext. 4 Fax: 1-833-627-7023	
SOUTH ZONE		
South Zone FAST Team	Phone: 1-833-553-3278 ext. 5 Fax: 1-833-627-7024	
Lethbridge Urology Surgeons	Phone: 403-524-1411	1903 9 th Ave South Lethbridge, AB T1J 1W8
Dr. Talal Alphin	Phone: 403-528-2912	4-3295 Dunmore Rd SE Medicine Hat, AB T1B 3R2