

Policy for Cystoscopy for Lower Urinary Tract Symptoms (LUTS) in Males

Ref:	LSCICB_Clin30
Version:	2.0
Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
Supersedes:	1.1
Author (inc Job Title):	Clinical Policy Group
Ratified by: (Name of responsible Committee)	Quality and Outcomes Committee
Cross reference to other Policies/Guidance	
Date Ratified:	5 November 2025
Date Published and where (Intranet or Website):	15 January 2026 Website
Review date:	November 2028
Target audience:	All LSCICB Staff

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Document control:		
Date:	Version Number:	Section and Description of Change
08/04/2021	V0.1	Original (from Evidence Based Interventions)
20/05/2021	V0.2	“Men” changed to males. OPCS Codes added.
17/08/2021	V0.3	2.3c amended – the words “investigation of” were inserted before “lower urinary tract symptoms”
13/01/2022	V1.0	Ratified by the Strategic Commissioning Committee
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant
November 2025	V2.0	Updated to include failure of conservative management and history of urethral stricture or malignancy as indications for cystoscopy. Minor changes to wording. Jan 2026: Minor criteria/terminology/pathway clarification following evidence review and template migration. No change to commissioning intent or expected activity.

1. Policy

- 1.1 Cystoscopy is not routinely commissioned as part of the initial assessment of men with uncomplicated lower urinary tract symptoms (LUTS).
- 1.2 Cystoscopy is routinely commissioned for men with LUTS as part of a specialist urology assessment when clinically indicated.

Clinical indications include:

- recurrent infection
- sterile pyuria
- haematuria
- a short history of severe symptoms
- pain
- failure of conservative management
- a history of urethral stricture or malignancy

1.3 Exclusions

The following are excluded and therefore not restricted by this policy:

- Cystoscopy for presentations other than LUTS.
- Cystoscopy as part of a larger surgical intervention.

2. Scope and definitions

- 2.1 This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
- 2.2 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.
- 2.3 Cystoscopy can cause temporary discomfort, occasionally pain and haematuria (blood in the urine) 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).
- 2.4 The ICB recognises that a patient may have certain features, such as:
 - a. having lower urinary tract symptoms
 - b. wishing to have a service provided for lower urinary tract symptoms
 - c. being advised that they are clinically suitable for investigation of lower urinary tract symptoms, and
 - d. being distressed by lower urinary tract symptoms, and by the fact that they may not meet the criteria specified in this commissioning policy.Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.
- 2.5 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.

- 2.6 Specialist assessment should also incorporate a measurement of flow rate and post void residual volume.
- 2.7 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.
- 2.8 Other adjunct investigations may become necessary in specific circumstances and are dealt with in NICE guideline CG97.
- 2.9 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.
- 2.10 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).

3. Appropriate Healthcare

- 3.1 The purpose of cystoscopy for lower urinary tract symptoms is normally to investigate those symptoms.
- 3.2 The ICB regards the achievement of this purpose as according with the principle of appropriateness. Therefore this policy does not rely on the principle of appropriateness. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider the principle of appropriateness in the particular circumstances of the patient in question when considering an application to provide funding.

4. Effective Healthcare

- 4.1 The policy criteria are based on the principle of effectiveness as outlined in the national Evidence-Based Interventions List 2 Guidance, NICE guidance CG 97 and the various studies as listed in the Section 10 (References).

5. Cost Effectiveness

- 5.1 The ICB considers that an intervention cannot be cost-effective if it is not effective, and therefore this policy is also based on the principle of cost effectiveness.

6. Ethics

- 6.1 The ICB does not call into question the ethics of cystoscopy for lower urinary tract symptoms and therefore this policy does not rely on the principle of ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient when considering an application to provide funding.

7. Affordability

- 7.1 The ICB does not call into question the affordability of cystoscopy for lower urinary tract symptoms and therefore this policy does not rely on the principle of affordability. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient when considering an application to provide funding.

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
 - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

- Zhang, A.Y. and X. Xu, *Prevalence, Burden, and Treatment of Lower Urinary Tract Symptoms in Men Aged 50 and Older: A Systematic Review of the Literature*. SAGE Open Nurs, 2018. **4**: p. 2377960818811773.
- Coyne, K.S., et al., *The prevalence of lower urinary tract symptoms (LUTS) in the USA, the UK and Sweden: results from the Epidemiology of LUTS (EpiLUTS) study*. BJU Int, 2009. **104**(3): p. 352-60.
- *Surveillance of lower urinary tract symptoms in men: management (NICE guideline CG97)*. National Institute for Health and Care Excellence (NICE); 2015; Available from: <https://www.nice.org.uk/Guidance/CG97>. [Accessed 7th May 2025]

- *Commissioning Guide: Lower Urinary Tract Symptoms*. Royal College of Surgeons; 2013; Available from: <https://www.rcseng.ac.uk/-/media/Files/RCS/Library-and-publications/Non-journal-publications/Lower-Urinary-Tract-Symptoms--Commissioning-Guide.pdf>. [Accessed 7th May 2025]
- *Urology: towards better care for patients with bladder outlet obstruction*. Getting It Right First Time; 2023; Available from: <https://gettingitrightfirsttime.co.uk/wp-content/uploads/2023/09/Urology-Towards-better-care-for-patients-with-bladder-outlet-obstruction-UPDATED-August-2023.pdf>. [Accessed 7th May 2025]
- *Cystoscopy for uncomplicated lower urinary tract symptoms*. Academy of Royal Medical Colleges; Evidence Based Interventions Programme 2020; Available from: <https://ebi.aomrc.org.uk/interventions/cystoscopy-for-uncomplicated-lower-urinary-tract-symptoms/>. [Accessed 7th May 2025]
- *Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia: AUA Guideline*. American Urological Association; 2023; Available from: [https://www.auanet.org/guidelines-and-quality/guidelines/benign-prostatic-hyperplasia-\(bph\)-guideline](https://www.auanet.org/guidelines-and-quality/guidelines/benign-prostatic-hyperplasia-(bph)-guideline). [Accessed 7th May 2025]
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- Lebdaï, S., et al., *Pre-therapeutical assessment of lower urinary tract symptoms in adult men: Systematic review and clinical practice guidelines*. The French Journal of Urology, 2025. **35**(3): p. 102846.
- Schifano, N., et al., *Patients presenting with lower urinary tract symptoms who most deserve to be investigated for primary bladder neck obstruction*. Sci Rep, 2021. **11**(1): p. 4167.

11. Associated OPCS/ICD codes

OPCS codes	ICD-10 codes
M455, M458, M459 - Cystoscopy	R390, R391, R398 - Lower urinary tract symptoms
ICD-10 (Exceptions) Codes	OPCS-4 (Codes might be used)
N390 - UTI R300, R301, R309 - Pain R31X - Haematuria Z855 - History of urinary malignancy Z874 - History of urethral stricture	M451, M452, M453, M454 - Cystoscopy with biopsy