


Urology pathways for the primary care physician

J John, FC Urol (SA), MMed 

Division of Urology, Department of Surgery, Frere Hospital and Faculty of Medicine and Health Sciences, Walter Sisulu University, East London, South Africa; Division of Urology, Department of Surgery, Faculty of Health Sciences, University of Cape Town, South Africa

Corresponding author: J John (jeffveenajohn@gmail.com)

Urology provides critical medical treatment that has the potential to save lives and greatly improve quality of life. Although there is a growing need for urological care, South Africa (SA) now faces an unmet need for these services, and junior doctors have limited exposure to urology. SA has a total of 347 urologists who are actively practising and registered with the Health Professions Council of South Africa. This means that there is a ratio of only 0.56 urologists per 100 000 people in the population. The ratio is even more dire if we only include urologists in the public sector. This article offers pragmatic strategies for addressing common urological conditions. These guidelines adhere to international standards and can be adopted at all levels of healthcare, with the exception of a few advanced imaging needs.

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Urology, the oldest of the surgical specialties, delivers care that has the potential to be lifesaving and has the capacity to significantly enhance quality of life. However, there is currently an unmet demand for urological services in South Africa (SA). SA currently has only 347 active urologists registered with the Health Professions Council of South Africa, a dire urologist-to-population ratio of 0.56 per 100 000.^[1] Furthermore, 52 million people who fall outside the medical aid net^[2] are dependent on just 50 full-time urologists in the public sector across the country.^[1] Waiting lists continue to grow, and the *status quo* is inadequate to meet the demand. However, these issues are not unique to SA. In theory, National Health Insurance aims to provide equitable access to healthcare and general practitioners and primary care physicians, often described as the jewel in the crown of the National Health Service in the UK,^[3] will have an increasing role in managing common urological conditions here. This article provides practical, cost-effective diagnostic pathways, which are in line with international guidelines^[4-7] to approach common urological presentations and, except for a small number of advanced imaging requirements, can be implemented at all levels of care.

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