Protocol for management of haematuria (Blood in Urine)

Definition-

Microscopic-

This is further sub-divided as follows:

• **Symptomatic Non-Visible Hematuria (s-NVH)-** associated with symptoms such as voiding lower urinary tract symptoms (LUTS): hesitancy, frequency, urgency, dysuria.

• **Asymptomatic Non-Visible Hematuria (a-NVH).** Incidental detection in the absence of LUTS or upper urinary tract symptoms.

Definition of positivity-

Significant hematuria is considered to be 1+ or greater (on dipstick testing). Trace hematuria should be considered negative.

There is no distinction in significance between non-haemolysed and haemolysed dipstick-positive haematuria. 1+ positive for either should be considered of equal significance.

Macroscopic- Urine is coloured pink or red (or, on occasion like cola in acute kidney inflammatory disease (glomerulonephritis). Symptom reported by patient or as seen by health professional in the urine. Requires consideration of other (rare) causes of discoloured urine (myoglobinuria, haemoglobinuria, beeturia, drug discoloration – rifampicin, doxorubicin)

What is significant hematuria?

a) Any single episode of visible haematuria

b) Any single episode of s-NVH (in absence of UTI or other transient causes).

c) Persistent a-NVH (in absence of urinary tract infection or other transient causes). Persistence is defined as 2 out of 3 dipsticks positive for NVH.

Approach-

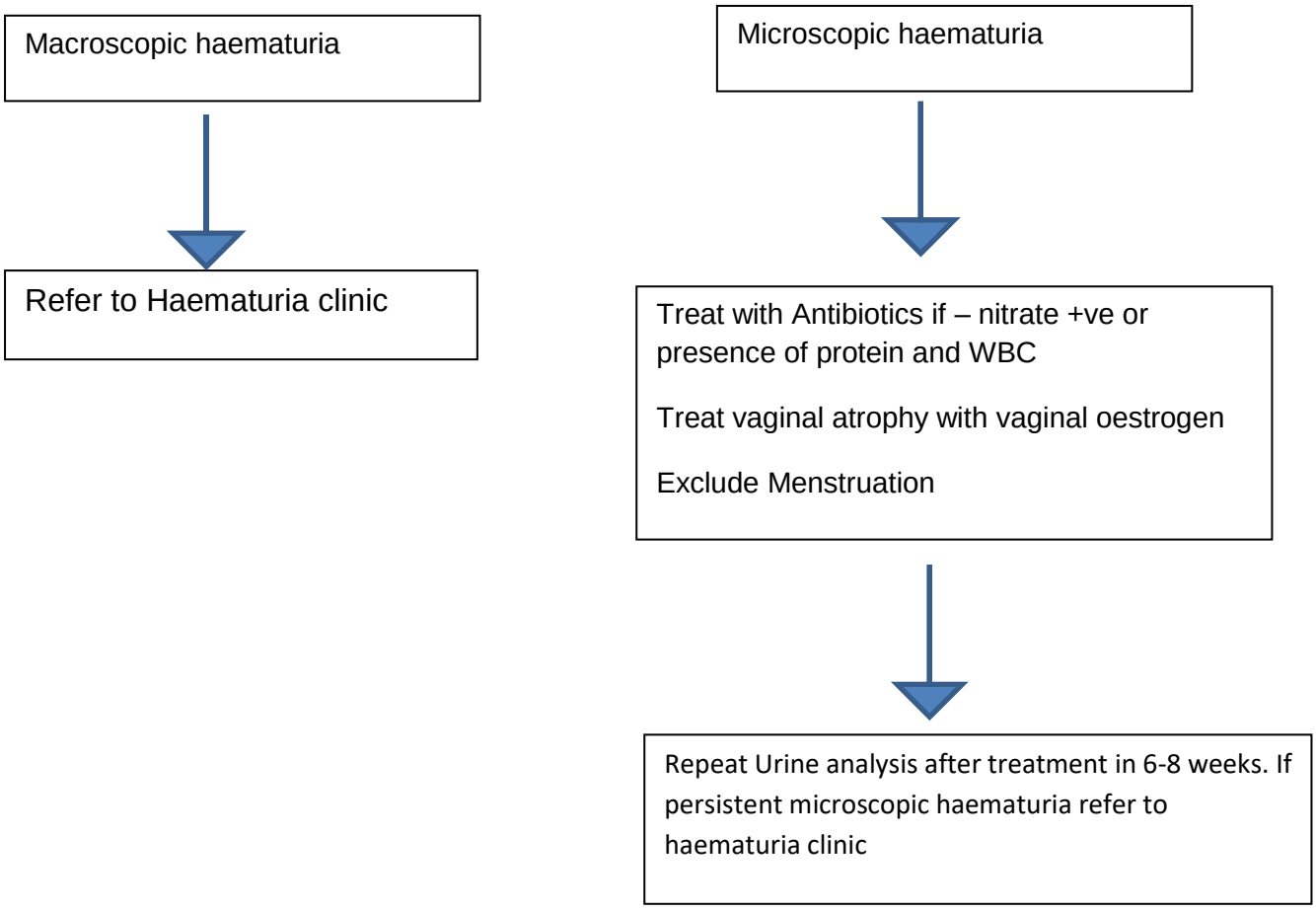
History- duration, pain, recurrent Urinary tract infection, menopausal or postmenopausal, history of any passage of stone, use of vaginal oestrogen, rule out menstruation

Examination- rule out any pelvic or abdominal mass, check vaginal atrophy, evidence of urethral caruncle

Investigation-

- Urine analysis – rule out UTI
- S. Creatinine/ GFR, Protein Creatinine Ratio
- Blood Pressure

Management-



[Recommendations from NICE 2015-

Criteria for Referral to haematuria clinic- within 2 weeks

Aged 45 years and over –

- Unexplained visible haematuria without UTI
- Visible haematuria that persists or recurs after successful treatment of UTI

60 years and above-

- Unexplained non visible haematuria and either dysuria or a raised white cell count on a blood test]

For Patients aged <40 yrs. and microscopic haematuria-

-Refer to Nephrologists if any one of:

- e GFR <60mls/min
- Albumin creatinine ratio(ACR) ≥30 or Protein creatinine ratio(PCR) ≥50
- BP ≥140/90

- **Primary care to Monitor if all of**
  - e GFR ≥60ml/min AND
  - ACR<30 or PCR <50

  AND • BP <140/90

Note- Organise cystoscopy at Singleton to rule out bladder cancer in people aged 60 and over with recurrent or persistent unexplained urinary tract infection

Reference-

1. BAUS consensus statement on assessment of Haematuria- June 2016

2. NICE guideline [NG12] - July 2017

Author-

Mrs Monika Vij

Consultant Gynaecologist subspecialist Urogynaecologist

Suite 17

Singleton Hospital

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