

Haematuria

By
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What is significant haematuria

- **All Visible Haematuria (urine red or pink)**
Consider also beeturia, exercise induced Haematuria, drugs (Rifampicin,doxorubicin),Glomerulonephritis (coca cola urine),rarely myoglobinuria
- **All Symptomatic Non Visible Haematuria-sNVH(LUTS etc)**
Exclude transient causes(UTI,Menstruation,exercise induced Haematuria)
- **Asymptomatic Non Visible Haematuria**
2 out of 3 positive dipstick tests ,1-2 weeks apart
A trace is not considered significant
There is no distinction between haemolysed and non haemolysed
Routine microscopy for confirmation is not necessary

Patients on anticoagulants should be evaluated

(anticoagulants make haematuria MORE likely THEY ARE NOT THE CAUSE)

Investigations for sNVH and aNVH

- U/E creatinine, eGFR
- Send urine for spot albumin -creatinine ratio (ACR)
- Blood pressure
- Consider FBC,MSU

Who to Refer

- **All Visible Haematuria-any age**
- **All s NVH-any age**
- **All a NVH \geq 40 years**

Urgent 2 week rule referrals

- **Painless Visible Haematuria-any age**
- **Unexplained NVH 50 years and older**
- **Recurrent or persistent UTI with Haematuria**
- **Abdominal mass arising from GU tract**
(identified clinically or with imaging)

