

# THE EVALUATION OF HAEMATURIA

## Macroscopic haematuria

Frank, painless haematuria in the absence of any obvious underlying cause requires radiological investigation and cystoscopy.

GP should take the history, perform examination and request creatinine/eGFR in the first instance.

Then:

- If eGFR < 40ml/min, or patient is pregnant, or aged <40 or >85 refer directly for renal tract U/S
- If patient is aged between 40-85 with eGFR >50ml/min refer directly for CTIVU.
- If patient is aged between 40-85 with eGFR 40-50ml/min, discuss with urologist.

(Please include the eGFR result on radiology request form and ask for copy of result to go to urology dept.)

- Refer patient to urology outpatients.

## Microscopic haematuria

This is usually detected during the course of examination for other problems.

It is not recommended to screen for microscopic haematuria as routine practice.

### 1. Exclude causes:

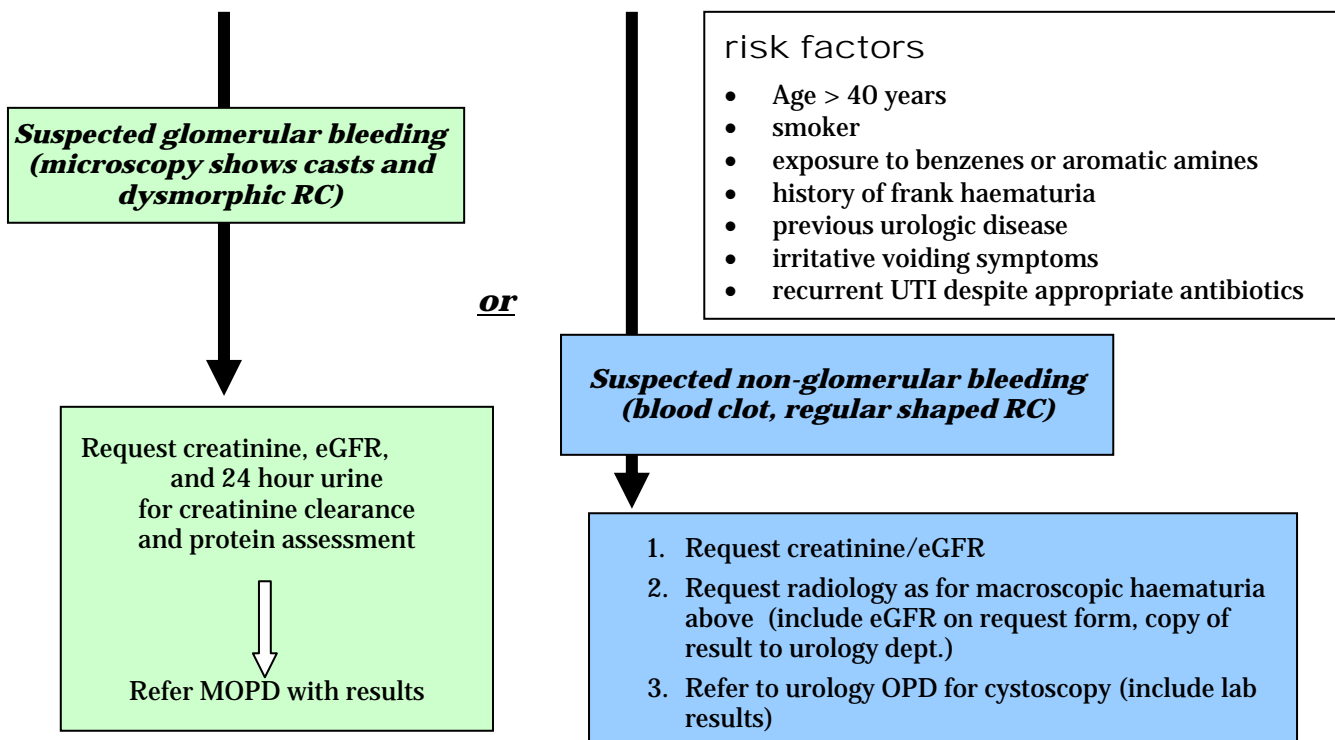
- urinary tract infection
- trauma
- vigorous exercise
- menstruation
- sexual activity
- viral illness

### 2. Confirm with laboratory microscopy on mid-stream urine specimen (dipstick alone is insufficient):

#### Definition of microscopic haematuria

>100 RC x 10<sup>6</sup>/L (or >250 RC x 10<sup>6</sup>/L in children)

### 3. Confirmed microscopic haematuria in **two out of three** properly collected specimens, or **one out of three** specimens if a risk factor present:



NB. If all investigations are normal, in the high-risk population follow-up urine cytology should be performed at 6, 12, 24 and 36 months.