

## Guide to Haematuria

The following short guide gives a summary of practice and guidelines relating to visible and non-visible haematuria. It is recommended that this is read in conjunction with ABC UK's Bladder Cancer Symptoms Guide for Primary Care.

The preferred current terminology is:

- Visible haematuria or VH
- Non-visible haematuria or NVH

VH may indicate malignancy anywhere in the renal tract, or possibly in the female genital system, but especially the bladder.

VH always needs to be explained.

The normal pattern of bleeding in malignancy is intermittent therefore even a single episode of VH requires explanation.

Do not treat patients who present with visible haematuria with antibiotics unless there is clinical or microbiological suspicion of a urinary tract infection. Otherwise this may result in both patient and doctor being falsely reassured when the haematuria resolves.

The NICE indications for a 2 week wait referral (age 60 with unexplained NVH with either dysuria or a raised white cell count and 45 for VH) must not exclude thorough investigation of haematuria outside these age ranges.

Initial haematuria is usually from the prostate, terminal haematuria is usually from the bladder.

However, investigation is still usually required.

Dipstick testing rather than urine microscopy is recommended and trace haematuria is not significant – regard and record this as negative. Intercourse, exercise and menses can all give spurious positive results.

Store your dipsticks carefully – if you leave the top off test sticks they may oxidise and give false positive results.

Persistent asymptomatic non visible haematuria ( $\geq 2/3$  positive over six to eight weeks) has a 1.5% chance of malignancy and requires urological investigation in the over 40s – no need to fast track.

Non visible haematuria under age 40 is more likely to indicate glomerular disease than malignancy. In the absence of symptoms, do not refer to Urology.

Instead, follow NICE CKD guidelines. Cola coloured urine, younger patient and red cell casts all suggest a renal cause and indicate referral to nephrology not urology.

NICE suspected cancer guidelines suggest consideration of prostate cancer in men with VH (DRE and PSA) and endometrial cancer in women over 55 with VH with vaginal discharge or low Hb or thrombocytosis or high blood sugar (USS).

Please see ABC UK's Primary care Guide to Bladder Cancer Symptoms for more information about haematuria and the symptoms of bladder cancer.

## ABC UK Patient Information Resources



ABC UK has a wide range of patient support materials – these include leaflets on different types of bladder cancer, a patient treatment decision aid, leaflets on living with a urostomy and many other aspects of living with bladder cancer.

You can order these on our website using the link below or contact us directly at:

**Tel: 0300 302 0085**

**Email: [info@actionbladdercancer.org](mailto:info@actionbladdercancer.org)**

**Order your resources online at**  
[www.actionbladdercanceruk.org/order-materials/](http://www.actionbladdercanceruk.org/order-materials/)