

PRIMARY CARE 10 TOP TIPS

Haematuria

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Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland. MAC14531_Haematuria

- 1** The preferred current terminology is:
 - Visible haematuria
 - Non-visible haematuria
- 2** Visible haematuria may indicate malignancy anywhere in the renal tract or possibly female genital system, but especially the bladder. Visible haematuria always needs to be explained.
- 3** A single episode of visible haematuria will always require investigation as the normal pattern of bleeding in malignancy is intermittent. Do not treat patients who present with visible haematuria with antibiotics unless there is clinical or microbiological suspicion of a urinary tract infection. Otherwise, both patient and clinician may be falsely reassured when the haematuria resolves.
- 4** If a patient with haematuria does not meet the NICE criteria for an urgent suspected cancer referral (age 60 with unexplained non-visible haematuria and 45 for visible haematuria) they should still be investigated thoroughly to exclude cancer - this does not need to be via an urgent suspected cancer referral.
- 5** Initial haematuria is usually from the prostate, terminal haematuria is usually from the bladder. However, full investigation is still required.
- 6** 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.
- 7** Store your dipsticks carefully – if you leave the top off test sticks they may oxidise and give false positive results.
- 8** Persistent asymptomatic non-visible haematuria (diagnosed when 2 out of 3 dipstick tests are positive over six to eight weeks) has a 1.5% chance of malignancy and requires a routine (not an urgent suspected cancer referral) urological investigation in the over 40s.
- 9** 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 the need for a referral to nephrology not urology.
- 10** NICE suspected cancer guidelines suggest consideration of prostate cancer in men with visible haematuria (perform DRE and request PSA level) and endometrial cancer in women over 55 with visible haematuria with vaginal discharge or low Hb, thrombocytosis or high blood sugar (request USS of pelvis).

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