

Patients I think I might have...

Blood in the Urine (haematuria)

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Pages in this section contain graphic images (including genitalia) that some may find upsetting.

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What should I do if I have blood in my urine?

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If you see blood in your urine, with or without symptoms of cystitis, you should contact your GP immediately for further advice

Your GP will normally investigate blood in the urine as a matter of <u>urgency</u>. Most GPs will perform some simple, baseline tests. You may be started on <u>antibiotics</u> to treat a presumed infection. However, if the urine test result comes back showing no evidence of infection, you will normally be referred to your local urology department for more detailed investigations using the "2-week wait" (fast-track) system.

What are the facts about blood in the urine?

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- The commonest cause of blood in the urine in the UK is infection (cystitis);
- Proven blood in the urine, whether visible or non-visible (found on a urine test), should always be investigated;
- 1 in 5 adults with visible blood in the urine and 1 in 12 adults with non-visible blood in the urine are subsequently discovered to have bladder cancer;
- Children with blood in the urine rarely have cancer they usually have infection in the bladder or inflammation of their kidneys (nephritis).
- A "one-off" finding of a small trace of blood in the urine on routine testing may not be significant; and
- Some drugs (e.g. rifampicin, nitrofurantoin) and foodstuffs (e.g. beetroot) can turn the urine red.

What should I expect when I visit my GP?

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Your GP should work through a recommended scheme of assessment for patients with blood in the urine. This will normally include some or all of the following:

1. A full history

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2. A physical examination

3. Additional tests

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What could have caused the blood in my urine?

50% (half) of patients with visible blood in the urine will have an underlying cause identified but, with non-visible blood in the urine, only 10% will have a cause identified

Although there are many potential causes for blood in the urine, those most often identified are:

- bladder infection;
- cancers of the bladder (pictured), kidney or prostate;
- stones in the kidneys or bladder;
- inflammation of the kidneys (nephritis);
- urinary tract injuries;
- blood disorders (e.g. sickle cell disease, clotting disorders, anticoagulant and anti-platelet drugs); and
- other causes, including less common infections (e,g. TB, schistosomiasis).



What happens next?

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Your GP may decide that you do not require any further tests at this stage. In this case, you should have regular monitoring to assess the following, which may be signs that re-investigation is needed:

- the development of other urinary symptoms;
- further episodes of blood in the urine;
- increasing levels of protein in your urine;
- progressive deterioration in your kidney function; or
- the development of high blood pressure.

Your GP will arrange urgent referral to the Haematuria Clinic of your local urology unit if:

- you have visible blood in the urine in the absence of infection;
- the blood fails to clear following antibiotic treatment for urinary infection;
- you have non-visible bleeding but significant urinary symptoms; or
- you have persistent non-visible bleeding and you are over the age of 40 years.

This will involve a prolonged outpatient appointment when some or all of the following assessments will be performed:

- Detailed questioning about your urinary tract and any related symptoms;
- A physical examination (including rectal or vaginal examination);
- Blood tests (if not already performed by your GP);
- Examination of the urine for cancer cells;
- X-rays or scans; and

This may involve one or more of the following:

- CT scan (pictured)
- o ultrasound scan
- intravenous urogram (IVU)

IVU and CT scanning involve an iodine-based injection. You must inform the staff if you have a history of allergy to iodine or to previous X-ray injections.

• A flexible cystoscopy.

This is a telescopic check of the bladder. It is performed under antibiotic cover & local anaesthetic using a







small, flexible telescope which allows the clinic doctor to see inside your bladder (pictured).

🔁 Download an information leaflet about flexible cystoscopy.

If you have concerns about this, or have experienced problems with local anaesthetic in the past, you should ask about having your examination under a brief general anaesthetic (i.e. whilst you are asleep).

🔁 Download an information leaflet about examination under general anaesthetic.

When your tests have been completed, the medical staff will advise you on what to do next:

If an abnormality requiring further treatment is detected, the medical staff will advise you on what treatment is necessary and what this would involve (e.g. admission for telescopic removal of a bladder tumour, as shown in the video below, courtesy of Mr Nigel Bullock).

🔁 Download an information leaflet about this procedure.



If no specific abnormality is found, you should report any further bleeding, or other urinary symptoms, to your GP who will be informed of the result of your assessment.

More resources on Blood in the Urine (haematuria)

Some/all of these resources are links to external sites, the content on which BAUS accepts no reponsibility for.

Fight bladder cancer 🗗

A campaign to educate and inform the general publicabout bladder cancer, using case illustrations

Action On Bladder Cancer 🗗 Results of a survey conducted by Action On Bladder Cancer, chaired by David Gillatt, Consultant Urological Surgeon in Bristol

Health Central 🗗 Detailed information about blood in the urine

NHS Campaign - "Blood in Pee" 🗗 A national campaign to encourage patients to seek advice the first time they pass blood in

their urine

Patient UK 🗗 Information for patients about blood in the

Cancer Research UK (Bladder Cancer) 🗗 Key facts for patients about bladder cancer (from Cancer Research UK)

Medicine Net 🗗

Detailed information about blood in the urine

GP.NET (Haematuria) 🗗 Information for GPs on the assessment of blood in the urine

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