Urology/Nephrology Guidelines on the Management of Haematuria

- Guideline for the management of Microscopic Haematuria
- Guideline for the management of Macroscopic Haematuria

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These guidelines have been produced by joint consultation of the Departments of Nephrology and Urology
ECH Urology / Nephrology Guidelines - The Management of Microscopic Haematuria

Microscopic Haematuria

Age

<40 yrs

>40 yrs

Confirm haematuria on 2 occasions

Not confirmed

Transient haematuria - no further investigation required

PCR > 45 OR eGFR <60

Referral to Nephrology Department

Refer to Urology if appropriate symptoms

One Stop haematuria clinic if required

Normal

Treat Urological Cause

Discharge to GP, to manage as CKD (see www.renal.org.uk) with:
- Annual assessment of BP
- Urinalysis for proteinuria
- eGFR
- CVS risk assessment

Ultrasoundogram and Flexible Cystoscopy

PSA

Urine Cytology

Urological Cause found

Yes

Treat Urological Cause

No

General Notes:

If the urine dipstick is negative then there is no need to perform a urine protein/creatinine ratio.

If there is 1+ of protein on urinalysis then send urine for protein/creatinine ratio - a PCR of >45 g/mmol is abnormal (equates to 300mg/day of protein excretion)

** If eGFR is <60 and/or PCR ratio > 45 then referral to Nephrology is suggested even if a Urological Cause for the haematuria is discovered.

Urgency of referral is based on clinical assessment and stability of renal function.

microscopic haematuria guidelines v4
ECH Urology / Nephrology Guidelines - The Management of Frank (visible) Haematuria

Frank Haematuria - refer to Urology Department initially

Tests required in One Stop Haematuria Clinic
- Ultrasound urogram
- Flexible Cystoscopy LA
- PSA in men
- Urine Cytology
- eGFR/creatinine
- Dipstick Urine +/- PCR *

Consider Urgent Nephrology Referral if eGFR <60 or PCR >45 **

Urology Investigations

Negative

Discharge to GP, to manage as CKD (see www.ckdinfo.net) with:
- Annual assessment of GP
- Urinalysis for proteinuria
- eGFR
- CVS risk assessment

Positive

Treat Urological Problem

* If the urine dipstick is negative then there is no need to perform a urine protein/creatinine ratio.

If there is >=1+ of protein on urinalysis then send urine for protein/creatinine ratio - a PCR of >45 g/mol is abnormal (equates to 300mg/day of protein excretion)

** If eGFR is <60 and/or PCR ratio >45 then referral to Nephrology is suggested even if a Urological Cause for the haematuria is discovered

Urgency of referral is based on clinical assessment and stability of renal function