NHS
Vale of York
Clinical Commissioning Group

Referral Support Service

Urology

UR02
Non-Visible Haematuria

Definition

NVH:	Presence of blood on dipstick testing- score of +1 or greater counted as positive.
Persistent NVH:	Two out of three or more positive urine dips separated in time by 2 weeks and spurious causes excluded, ignore trace readings.
Symptomatic NVH:	As above with voiding lower urinary tract symptoms such as hesitancy, frequency, urgency, dysuria and loin or supra-pubic pain in the absence of a transient cause such as UTI.
Spurious Causes:	Menstruation, Sexual intercourse, Foods – beetroot, blackberries, rhubarb, Rhabdomyolysis, Drugs – **doxorubicin, chloroquine, rifampicin, Lead/mercury poisoning, DOACs, Warfarin.**
Transient causes:	UTI: (recurrent UTI infections over age 60, are an indication for further investigation, regardless of haematuria, defined as >3 infections) Exercise (march) haematuria: Repeat dipstick at least 3 days after activity to make sure resolved.

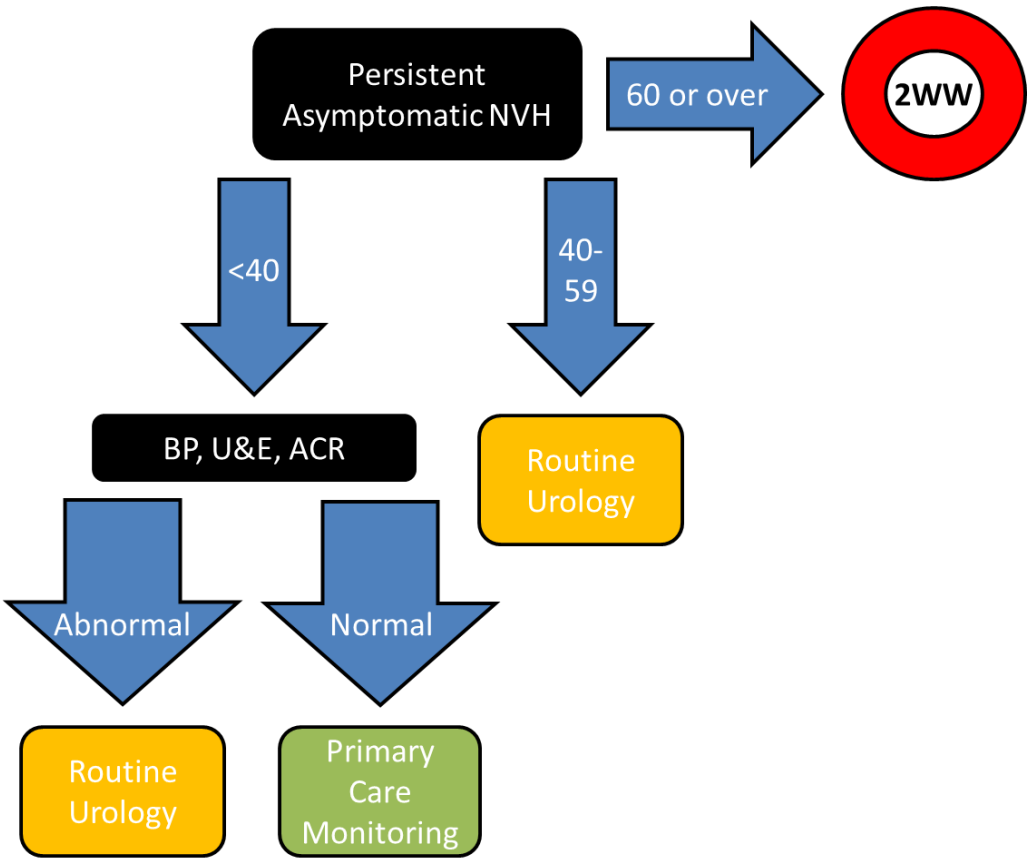
Exclude Red Flag Symptoms

- Visible (frank) haematuria (in adult) without UTI.
- Solid swelling in body of testis
- Palpable renal mass
- Elevated age specific PSA in men with ten year life expectancy
- High PSA (>20ng/ml) in man with clinically malignant prostate or bone pain
- Any suspected penile cancer

Management

Exclude **transient** and **spurious** causes of NVH

Primary Care flowchart



2WW Urology Proforma - click here

Primary Care Monitoring (Annual Assessments)

Annual Review:

- Annual eGFR>60, ACR <30 and normal BP.

Re-refer/refer urology if visible haematuria or symptomatic NVH develops.

Refer nephrology if:

- ACR increases >30 or PCR>50
- eGFR decreases to <30 without other obvious cause, measured on 2 occasions deteriorating eGFR (>5ml/min over 1 year or >10ml/min over 5 years)

Patients who have had negative urological investigations who persist with NVH should be discussed with nephrologist via A+G.

When to re-refer to Urology:

- Patients undergoing negative investigations for **asymptomatic** non-visible haematuria only require repeat Urological investigation if subsequently develop symptomatic NVH or visible haematuria

- Patients undergoing negative investigations for **symptomatic** non-visible haematuria only require repeat Urological investigation if subsequently develop visible haematuria

- Recurrent visible haematuria beyond 6 month mark since previous investigations, suggest re-referral for repeat investigations (haematuria clinic). GP may wish to liaise with initial Urologist.

    - Consider requesting a **CT urogram** (or speaking to Urologist) if the **visible haematuria** recurs within 6 months of the initial investigations

Referral Information

Information to include in referral letter

- Evidence that transient or spurious causes of NVH have been excluded
- Relevant past medical / surgical history
- Current regular medication
- BMI / Smoking status

Investigations prior to referral

- BP
- Creatinine, eGFR
- Urine ACR (albumin creatinine ratio)
- FBC, Clotting screen

References

NICE (June 2015) Guideline Suspected Cancer: Recognition & Referral

Urology CKS cancer referral guideline