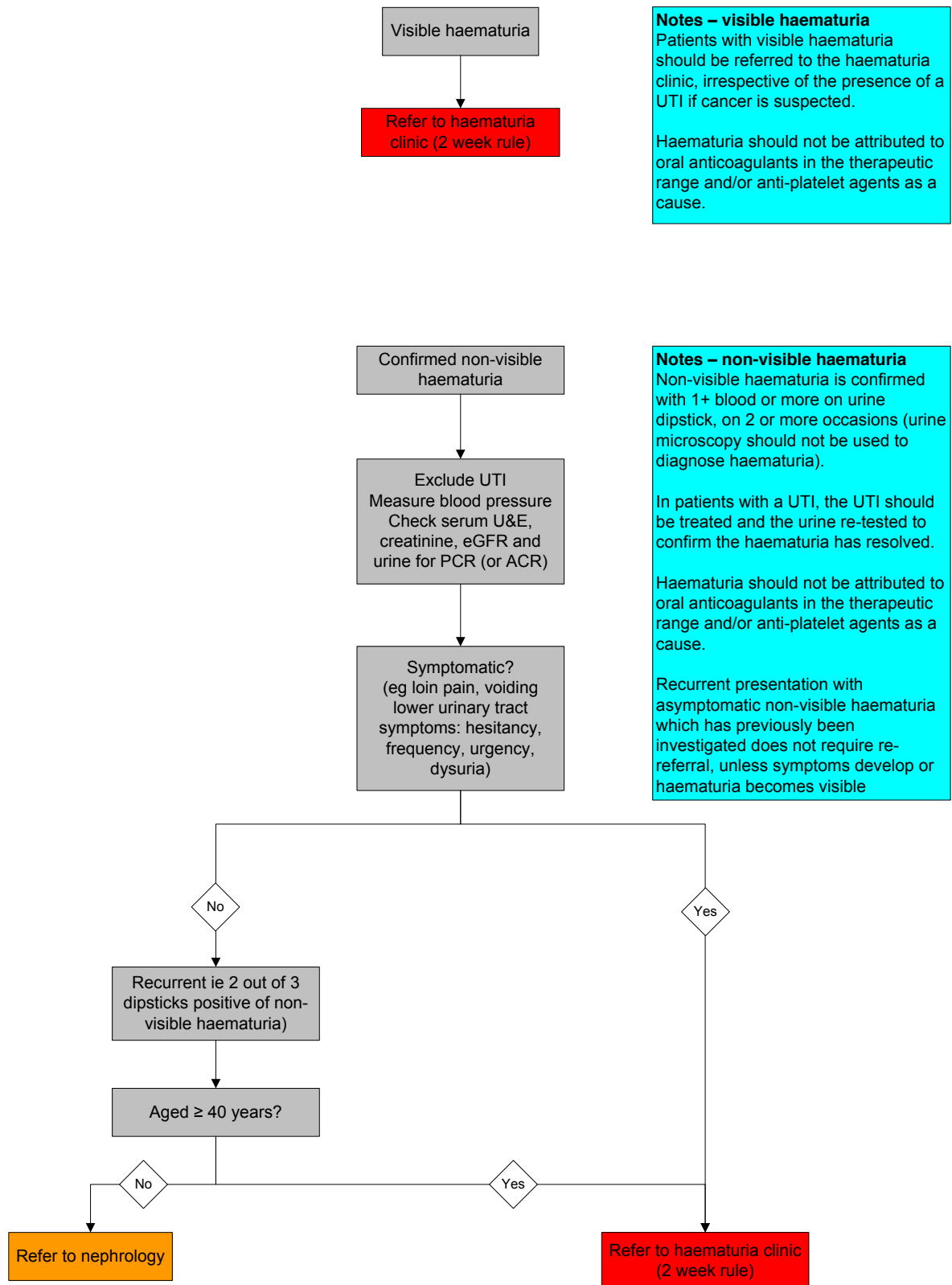


Haematuria



Notes – visible haematuria
 Patients with visible haematuria should be referred to the haematuria clinic, irrespective of the presence of a UTI if cancer is suspected.
 Haematuria should not be attributed to oral anticoagulants in the therapeutic range and/or anti-platelet agents as a cause.

Notes – non-visible haematuria
 Non-visible haematuria is confirmed with 1+ blood or more on urine dipstick, on 2 or more occasions (urine microscopy should not be used to diagnose haematuria).
 In patients with a UTI, the UTI should be treated and the urine re-tested to confirm the haematuria has resolved.
 Haematuria should not be attributed to oral anticoagulants in the therapeutic range and/or anti-platelet agents as a cause.
 Recurrent presentation with asymptomatic non-visible haematuria which has previously been investigated does not require re-referral, unless symptoms develop or haematuria becomes visible

Note: The guideline group recognised that the Northern Cancer Network is developing guidelines for haematuria, and the outcome is pending. This pathway will be updated if there is a significant difference in the recommendations eg with respect to age cut offs for referral to urology or nephrology.