# Bloody wee — Haematuria workup and when to refer

Dr Aleks Vujovic

Urologist SJGMPH

# Definition

- Macroscopic – visible to the patient
- Microscopic – not visible to naked eye
  - Dipstick: depends on ability of Hb to haemolyse
  - Sens 95%, Spec 75%
  - >3 rbc/hpf

# Risk Factors For Malignancy

- Older age
- M > F
- Smoking Hx
- Chemical exposure
- Pelvic Rtx
- Irritative LUTS
- Prior Urol Hx
- Chronic IDC
- Hx Recurrent UTIs

# Aetiology of Haematuria

- Glomerular vs Non Glomerular
- Non Glomerular causes:
  - Stones
  - Infections
  - Cancers – RCC, TCC
  - BPH
  - Instrumentation/Stents
  - Benign causes – exercise, IC, trigonitis

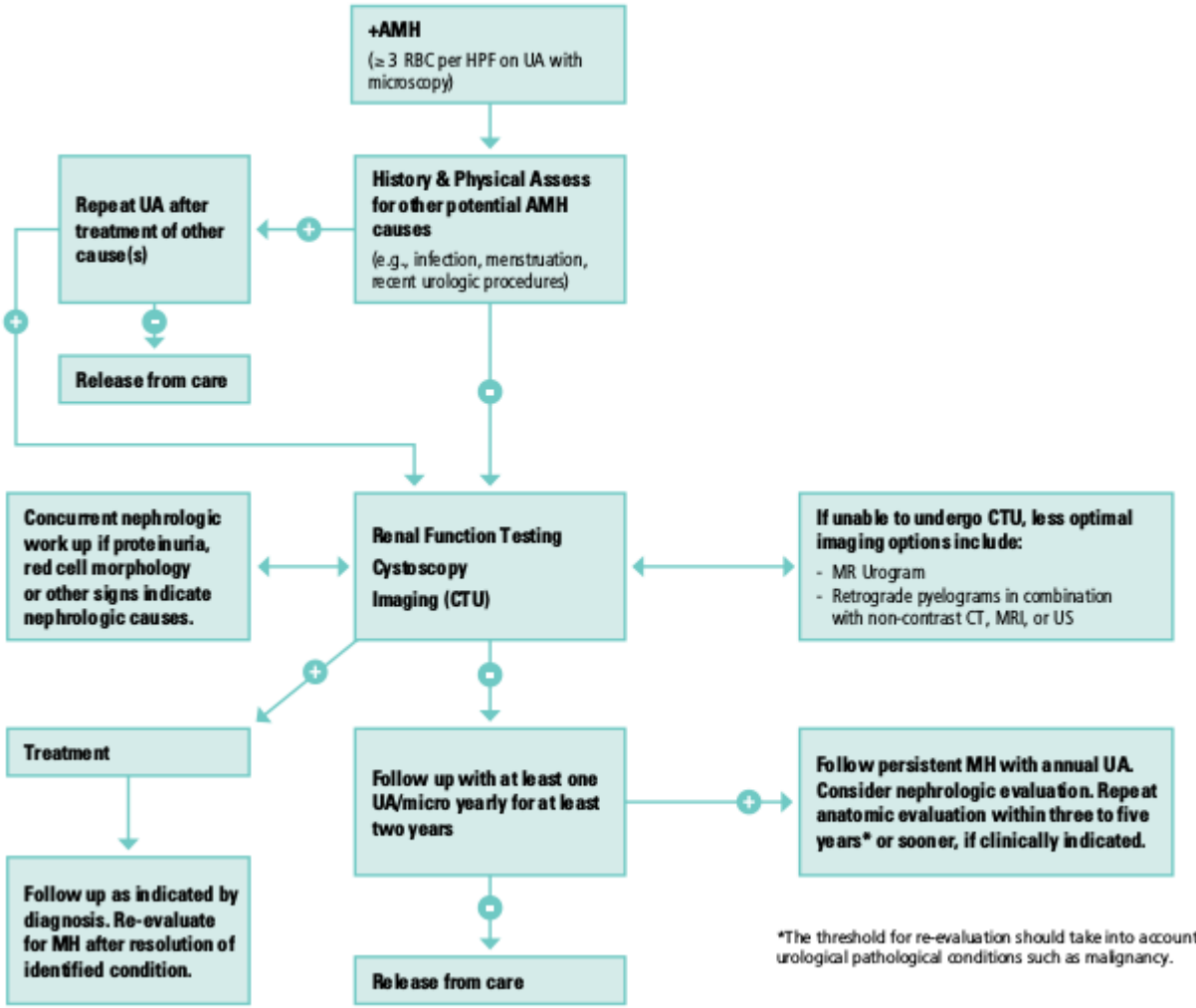
# Evaluation

- Thorough Hx and Exam
  - RF, associated sx (pain vs painless)
- Formal MC&S
- UE, FBC, Coags, PSA
- Cystoscopy: all pts with macroscopic haematuria and patients ≥35yo with asymptomatic haematuria
  - <35 if risk factors

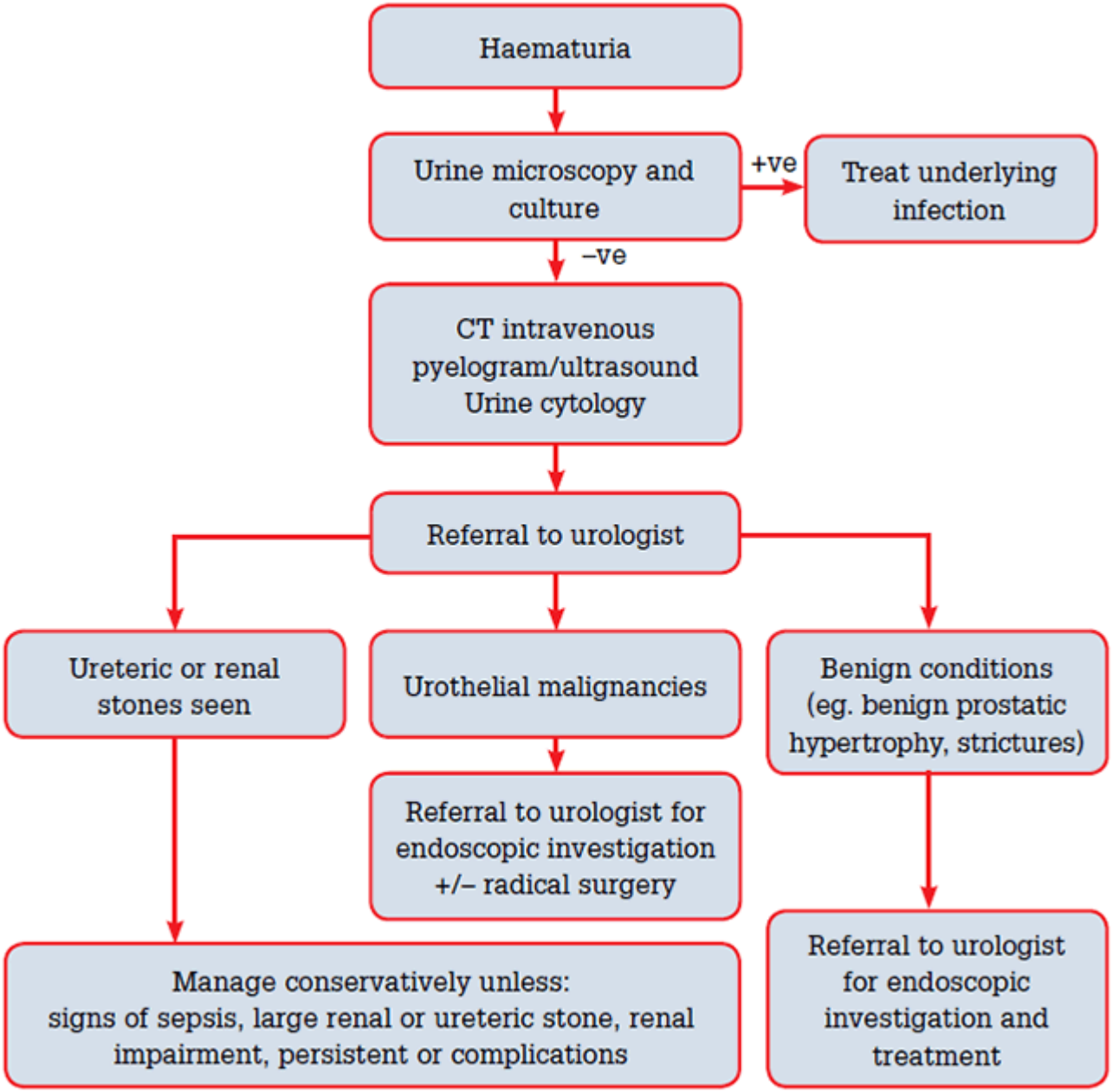
# Evaluation II

- Urine cytology – not for micro unless RF
- CTIVU – For all patients with macroscopic haematuria
  - Microhaematuria >35 and if RF
- Renal US – microhaematuria <35 yo and no RF

# Diagnosis, Evaluation and Follow-up of AMH



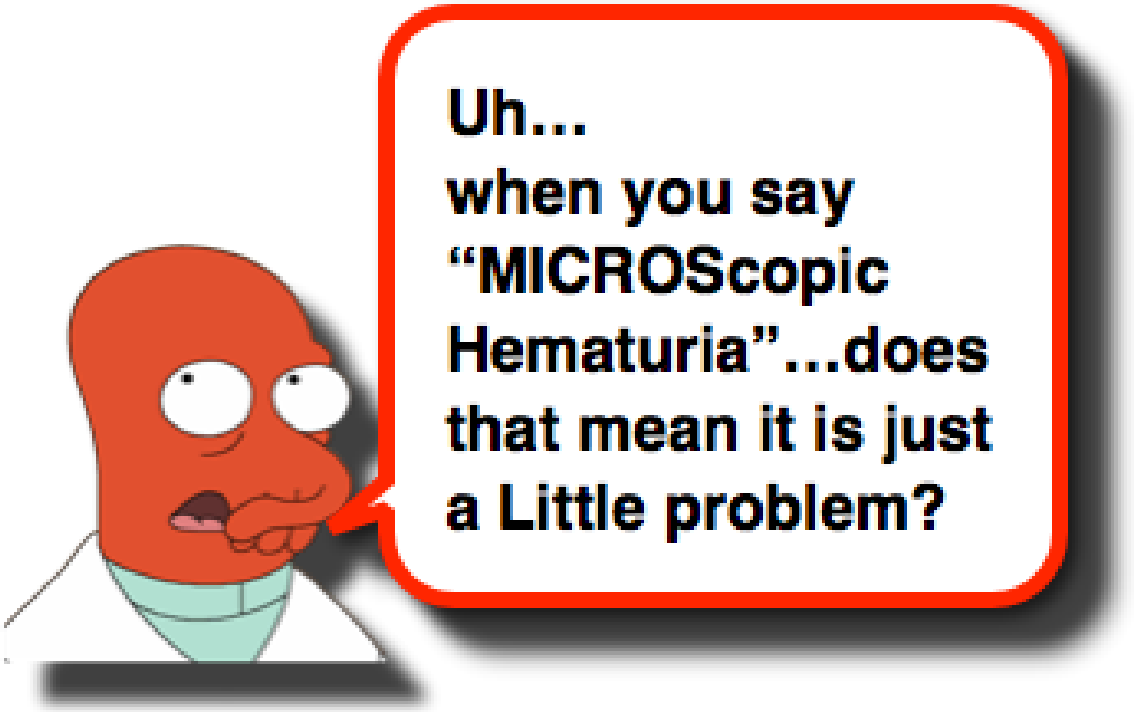

*The threshold for re-evaluation should take into account patient risk factors for urological pathological conditions such as malignancy.


Haematuria
Urine microscopy and culture
+ve
Treat underlying infection
–ve
CT intravenous pyelogram/ultrasound
Urine cytology
Referral to urologist
Ureteric or renal stones seen
Urothelial malignancies
Benign conditions (eg. benign prostatic hypertrophy, strictures)
Referral to urologist for endoscopic investigation +/– radical surgery
Manage conservatively unless:
signs of sepsis, large renal or ureteric stone, renal impairment, persistent or complications
Referral to urologist for endoscopic investigation and treatment

# Follow up

- 3-5% with micro will have a malignancy
- 23% with macro will have a malignancy
- If all Ix negative:
  - Annual urinalysis – if 2 consecutive negative, no follow up
  - If persistent: re-evaluate every 3-5 years esp if RF
  - Reinvestigate if macroscopic/LUTS

# Thank You!


Uh...
when you say
"MICROScopic
Hematuria"...does
that mean it is just
a Little problem?