Urology – Non-Visible Haematuria (Adults)

GP
Assess

Non visible haematuria

MSSU (To exclude UTI, If +ve treat and reassess)
Urinalysis, BP, U and E with eGFR, PCR (random urine sample for proteinuria). (PSA)

* All patients with s-NVH (any age).
  * All patients with persistent a-NVH aged ≥40 yrs.

* N.B. Some patients <40 yrs with cola-coloured urine and an inter-current (usually upper respiratory tract) infection will have an acute glomerulonephritis, and a nephrology referral may be considered more appropriate if clinically suspected.

Urology One stop clinic
History and exam
Urinalysis prior to cystoscopy
Flexible Cystoscopy
CTIVU (or locally agreed alternative)
DRE

No

Abnormality detected?

Yes

Secondary Care
Secondary Care management

Secondary Care management

• All patients with persistent a-NVH aged ≤40 yrs.

Consider Nephrological referral according to CKD guidelines
  • Evidence of declining GFR (by >10ml/min at any stage within the previous 5 years or by >5ml/min within the last 1 year)
  • Stage 4 or 5 CKD (eGFR <30ml/min)
    • Significant proteinuria (ACR ≥30mg/mmol or PCR ≥50mg/mmol)
  • Isolated haematuria (i.e. in the absence of significant proteinuria) with hypertension in those aged <40.
    • Visible haematuria coinciding with intercurrent (usually upper respiratory tract) infection