






Haematuria

Haematuria is a relatively common symptom with a wide variety of possible causes. Investigation to exclude a serious aetiology e.g. bladder cancer, is usually required, but in roughly half of cases results in no identifiable cause. GP registrars need to develop a systematic approach to the patient presenting with either macroscopic or microscopic haematuria.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Definition of microscopic and macroscopic haematuria • Common and serious causes of microscopic and macroscopic haematuria in general practice • Key features on history to differentiate likely causes e.g. pain, occupation etc. • 'Red flag' symptoms and signs of haematuria • Approach to investigation of microscopic and macroscopic haematuria • Indications for referral 						
<p>PRE-SESSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • 2013 AFP article Macroscopic haematuria – a urological approach • 2013 AAFP article Assessment of Asymptomatic Microscopic Hematuria in Adults 						
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • Any episode of macroscopic haematuria is significant and warrants a thorough diagnostic evaluation • Jogger's haematuria (after vigorous exercise) is not uncommon • Dysmorphic red cells, cellular casts and proteinuria suggest a glomerular cause and requires nephrological review • Cystoscopic examination is still required for the investigation of macroscopic haematuria in the presence of negative urinary cytology • Plain X-ray KUB has no role in the investigation of macroscopic haematuria as other investigations will always be needed • CT urography is the imaging modality of choice in investigating haematuria • Approach to haematuria in children 						
<p>RESOURCES</p> 	<table border="1"> <tbody> <tr> <td data-bbox="331 1677 437 1778">Read</td> <td data-bbox="437 1677 1493 1778"> <ul style="list-style-type: none"> • BMJ 2008 Investigating Painless Haematuria • WA Diagnostic Imaging Pathways – Painless Microscopic. Painless Macroscopic </td> </tr> <tr> <td data-bbox="331 1778 437 1845">Listen</td> <td data-bbox="437 1778 1493 1845">On the Wards podcast - Haematuria</td> </tr> <tr> <td data-bbox="331 1845 437 1904">Watch</td> <td data-bbox="437 1845 1493 1904">Haematuria – CANUUC Lecture Series</td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • BMJ 2008 Investigating Painless Haematuria • WA Diagnostic Imaging Pathways – Painless Microscopic. Painless Macroscopic 	Listen	On the Wards podcast - Haematuria	Watch	Haematuria – CANUUC Lecture Series
Read	<ul style="list-style-type: none"> • BMJ 2008 Investigating Painless Haematuria • WA Diagnostic Imaging Pathways – Painless Microscopic. Painless Macroscopic 						
Listen	On the Wards podcast - Haematuria						
Watch	Haematuria – CANUUC Lecture Series						
<p>FOLLOW UP & EXTENSION ACTIVITIES</p> 	<p>Registrar to undertake clinical reasoning challenge and discuss with supervisor</p>						

Haematuria

Clinical Reasoning Challenge

Alex, a 54 year old town planner, is a new patient to your practice. He presents to you with a history of passing heavily blood stained urine the previous night. It has never happened before. He describes no associated pain, no other urinary symptoms or urethral discharge, and no other symptoms of any kind.

QUESTION 1. What are the MOST IMPORTANT key features on history you would ask? List up to FIVE.

2 _____

3 _____

4 _____

5 _____

QUESTION 2. What are the MOST IMPORTANT investigations would you request in your initial assessment? List up to FIVE.

1 _____

2 _____

3 _____

4 _____

5 _____

QUESTION 3. What is the single MOST IMPORTANT step in your management? Write the one single most important step.

Haematuria

ANSWERS

QUESTION 1

What are the MOST IMPORTANT key features on history you would ask? List up to FIVE.

- History of injury/trauma/vigorous exercise
- Bleeding tendency
- Medications
- Occupational exposure – exposure to dyes
- Smoking history

QUESTION 2

What are the MOST IMPORTANT investigations would you request in your initial assessment? List up to FIVE.

- MSU – MCS
- Urinary cytology x 3
- CT urography
- EUC
- FBC
- (PSA and coagulation studies may be helpful in some patients)

QUESTION 3

What is the single MOST IMPORTANT step in your management? Write the one single most important step.

- Referral to urologist for cystoscopy