

Haematuria (Blood in the urine)

This leaflet can be made available in alternative languages / formats on request.

如有需要,本传单可提供其他语言/版式 此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona w innych językach/formatach.

Author: Consultant

Department: Gynaecology Services

Document Number: STHK1899

Version: 1

Review date: 31 / 12 / 2025

What is Haematuria

This is defined as the presence of blood in the urine. It can be there for a range of conditions from mild inflammation due to a urine infection, up to bladder or kidney cancer.

Blood that you can clearly see in your urine is known as "Macroscopic haematuria" – this will need an urgent referral to the urology team to investigate for a bladder cancer once we are sure that it is not coming from the vagina.

Blood that you cannot see in your urine but shows up on one of the "urine dip tests" is known as "Microscopic haematuria". This is much more common and has a wider range of causes. These include:

- Urine infections and/or bladder inflammation
- Painful bladder syndrome
- Lack of estrogen
- Kidney inflammation
- Kidney or bladder stones
- Recent surgery
- Vigorous exercise
- After radiotherapy
- Blood thinning medicines (apixaban. clopidogrel, aspirin can all contribute)

What needs to be done for it?

For women who have blood in the urine that is picked up on a dip test will have the following tests arranged:

- Urine sample sent to check for infection or cancerous cells (Culture and cytology),
- Kidney scan to look at the kidneys and see if there are any obvious causes,
- Cystoscopy a camera test to look in the bladder.

Occasionally other tests may be required in certain situations:

- X-rays known as an IVU can be used to look for stones especially if they are suspected and other tests such as ultrasound, abdominal X-ray and cystoscopy are negative.
- Renal angiography.
- CT scanning.
- Kidney biopsies may be required in specific circumstances.
- MRI may occasionally be needed but other methods are more suitable for looking at kidneys.

If the bladder is clear of any cancer, urine infection will be treated and also vaginal estrogen creams given to help improve the blood in the urine and any other symptoms that you may have.

If your urine also has persistent blood **and** protein in it, then it may be necessary to send you to a Kidney Physician (Nephrologist) to look for and treat any kidney related causes (only after obvious structural causes have been ruled out).

Is it dangerous?

For most people, the answer is no.

Visible blood in the urine is an alarming sign, so anyone with visible blood is referred for urgent tests as mentioned above.

Blood in the urine that you are not able to see often comes with other symptoms and conditions, so we will investigate and treat those conditions. They include: recurrent urine infections, low estrogen levels, painful bladder syndrome, kidney inflammation.

For women who keep having blood in the urine on dip tests, we need to monitor their kidney function. If the function starts to drop or the protein in the urine starts to increase, then they need referral to a kidney specialist (Nephrologist).

Further Reading

British Society of Urogynaecology (BSUG) – https://bsug.org.uk/pages/for-patients/bsug-patient-information-leaflets/154

British Association of Urological Surgeons (BAUS) – https://www.baus.org.uk/patients/conditions/2/blood_in_the_urine_haematuria

Useful contact numbers:

- Urogynaecology Clinical Co-Ordinator Monday to Friday (excl. BH) - 0151 676 5619
- Day Surgery Unit St Helens Hospital (Sanderson Suite)
 8am-9pm Monday to Friday 01744 64 6089
- Pre-assessment Clinic 01744 64 6395
 9am-5pm Monday to Friday
- Surgical Assessment Unit 0151 430 1637 after 9pm, weekends and bank holidays
- Outpatients Department, St Helens Hospital
 9am-5pm Monday to Friday 01744 64631 / 6300
- Main Switchboard 0151 426 1600



www.sthk.nhs.uk