

**EURACARE**  
Multi-Specialist Hospital

PATIENT INFORMATION FORM

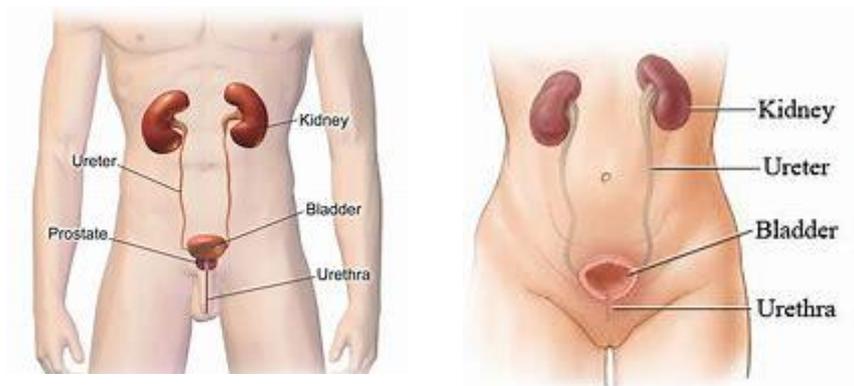
**HAEMATURIA**

**What is haematuria?**

Blood in the urine is a frequent problem and requires urgent assessment by a urologist.

The medical term for blood in the urine is haematuria. When the blood is visible it is referred to as visible haematuria. In most patients with haematuria, the blood is only identified following a urine test, and is therefore called non-visible haematuria.

Blood may enter the urine anywhere along the urinary tract. Your kidneys filter blood to eliminate waste products and excess water, which are excreted in the urine. A drainage system carries urine from each kidney to the bladder where it is stored until emptying is appropriate. Each kidney drains into the renal pelvis, which funnels urine into the ureter, the long, narrow muscular tube that conducts urine to the bladder. When it is time to empty your bladder, the urine passes through urethra (in a woman) or through the prostate and urethra (in a man).



Very small amounts of blood can be detected in the urine under a microscope, and in many cases, no obvious cause is discovered after testing. However, microscopic haematuria can be an early sign of disease in the urinary tract and will often need to be investigated. A history of gross haematuria suggests a higher likelihood that some disorder is present and will require further testing.

Haematuria may be an early sign of some damage or injury to the kidney. As well, heavy exercise can cause blood to leak in to the urine a condition known as Jogger's haematuria. Blood in the urine is a common finding in patients who have an infection in the kidney (pyelonephritis) or bladder (*Urinary tract infection*). It is also very common for people

with kidney stones to have haematuria. Men who have enlarged prostates (benign prostatic hyperplasia) can be found to have blood in the urine, and at times visible haematuria may become a common problem.

Haematuria may rarely be an early sign of a tumour in the urinary tract. The most common tumour of the kidney is called renal cell carcinoma. It generally occurs between the ages of 50 and 70 years and may grow slowly without producing any symptoms until the tumour is may reveal itself with blood in the urine or pain in the flank. Tumours also may occur in the bladder (transitional cell carcinoma). These tumours are an infrequent cause of blood in the urine, but it is this small possibility that requires that most patients with haematuria undergo investigation. Prostate cancer, although a common tumour of older men, is not a very common cause of blood in the urine of an otherwise healthy man.

Our Urologist will try to help determine the cause of your haematuria by asking you questions regarding your voiding habits, as well as any discomfort that you may have experienced. A family history of kidney, bladder or prostate problems can be useful in determining which investigations may be needed. As well, any major smoking history will be important to discuss, as smoking is a common cause of bladder tumours.

The tests that are commonly suggested for the investigation of blood in the urine will be different from patient to patient. In children and young healthy adults, the chances of urinary tract tumours are very uncommon, and tests in these patients may differ from tests in older patients.

### **Tests of the urine and blood**

Urine can be examined in many ways including viewing it under the microscope and by a dipstick test. Urine should be tested on a number of different occasions to ensure that the haematuria is consistently present. Other substances in the urine (for example protein) can suggest that the haematuria may be a sign of kidney malfunction. If the urine shows some of these signs, further tests for underlying kidney diseases may be necessary.

Depending on symptoms, a urine culture may be performed to check for possible urinary infection. The urine may also be examined to check for cells that are shed during voiding (cytology). The majority of these cells are found to be normal but may occasionally show changes that are associated with a tumour that can grow on the bladder lining. If such cells are found, the source must be identified. Although this urine cytology test can be quite useful, early, small tumours of the bladder do not shed cells and further tests to determine if it is present may still be necessary.

Blood tests may be requested looking for evidence of long-standing blood loss, and abnormalities of kidney function.

### **Radiological Imaging**

It is often necessary to examine the kidneys in patients with haematuria and this can be done by a number of different X-ray studies. An ultrasound examination or CT Urogram or non-contrast imaging is often requested depending on your circumstances.

### **Cystoscopy**

Although the imaging studies as described for your kidney are very accurate to detect major problems such as tumours or kidney stones, they are not as good in determining causes of blood in the urine from the bladder or the prostate (in men). Because of this, a minor outpatient procedure called a flexible cystoscopy is often required to complete your investigation. Cystoscopy involves passing a small “scope” through the urinary tube (urethra) into the bladder. The procedure generally takes only a few minutes, and in most patients is associated with minimal discomfort. Should the patient wish, they can visualise their bladder? Cystoscopy will reliably rule out the presence of bladder tumours. At

Euracare, we have the latest state of the art high definition Olympus videoscope that ensures excellent visualisation of the bladder lining therefore improving diagnostic accuracy.

In most patients, especially those with microscopic haematuria, a specific cause of leakage of blood into the urine is not found. If all the examinations, including the urine tests, x-ray studies of the kidneys, and cystoscopy, are normal, no further investigation is usually necessary. In this situation, the risk of having a serious underlying condition is extremely low.

Rarely, if significant blood in the urine continues, or if some of the urinary tests are suspicious (especially the urine cytology), further tests may be requested, including further specialized x-rays of the kidneys or their blood vessels.

Blood in the urine is a common problem in men and women but is frequently not due to any significant disease of the urinary tract. The finding of haematuria, especially visible haematuria, does require urgent investigations to ensure that no major problems exist.

At Euracare, we offer a rapid access haematuria clinic. We appreciate that the presence of blood in your urine can be a cause for concern. We can offer you an appointment to see our Specialist urologist. More importantly, we can perform all the required investigations during a single visit to our clinic. This ensures you leave our clinic with a diagnosis and in most cases, reassurance that there is no sinister cause for blood identified in your urine.

**Finally:**

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

**Giving my consent (permission).** The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks and alternatives.



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**Useful contacts:**

If you have any questions or would like to know more about this procedure, please contact us at Euracare: on: + 234 (0) 809 111 5709 and we will be happy to answer any queries.

**How to get there:** 293 Younis Bashorun Street, cnr Jide Oki Street, Victoria Island, Lagos, Nigeria.