

# New Non-visible Haematuria pathway

**2WW Urgent referral  
 Bladder/ Renal Cancer**

Aged **≥45yrs** and have:  
 Unexplained visible haematuria without urinary tract infection **or**  
 Visible haematuria that persists or recurs after successful treatment of urinary tract infection

**Bladder Cancer**

Aged **≥60yrs** with unexplained non-visible haematuria (UTI excluded) **and** either:  
 Dysuria **or**  
 Raised white cell count on a blood test

**Haematuria**

Safety net patients following positive haematuria result.  
 Consider the possibility of gynaecology pathology in females with haematuria.

New Symptomatic non-visible haematuria OR  
 New Asymptomatic non-visible Haematuria on 2 or 3 dipsticks (>1+)

Check BP, creatinine, eGFR send urine for protein estimation  
 FBC if >60 year old

Yes

>60 years old?

Yes

Consider a 2WW referral to Urology

No

**Investigations NORMAL**  
 BP < 140/90 AND  
 eGFR ≥ 60ml/min AND  
 No Proteinuria  
 (PCR < 50 or ACR < 30)

**Investigations ABNORMAL**  
 BP ≥ 140/90 OR  
 eGFR < 60ml/min OR  
 Proteinuria  
 (PCR ≥ 50 or ACR ≥ 30)

Refer to Nephrologist

**Cause not established**

Annual reassessment whilst Haematuria persists (BP, eGRF, ACR/PCR)

**Refer to Urology if:**

Develops visible haematuria or symptomatic non-visible haematuria

**Refer to Nephrologist if:**

Develops Proteinuria

eGRF drops to < 30ml/min on 2 separate occasions or  
 eGFR fall sby > 5ml/min over 1yr of 10ml/min over 5 years