

# Management Algorithm for One stop Haematuria Clinic (Macro or Micro)

Flexible Cystoscopy and Ultrasound  
 PSA in men (if not already done)  
 DRE in men  
 U+E  
 Urine analysis for protein  
 eGFR and Creatinine (if not already done)

Guidelines available on [www.echurology.co.uk](http://www.echurology.co.uk)

ALL Ix normal →  
 Discharge patient to GP UNLESS other reason to f/u in OPD (e.g. LUTS)

If Dipstick shows protein → confirm amount by urine protein/Creatinine ratio (organise at OSH)

If DRE abnormal → book urgent TRUSB on eTCI (from OSH)

If Flexi Cysto abnormal (Tumour or suspicious lesion → Book cysto +/-TURBT URGENTLY) ON eTCI (in OSH)

If USS abnormal → Book CT Urgently on Anglia ICE in OSH

- If GFR, Creatinine, or PSA not available on day then WRITE later once results known
- Patients with visible haematuria and normal USS need IVU & WRITE with results
- If PSA > age specific range then book URGENT TRUSB on eTCI – patient STAYS on cancer pathway
- If eGFR < 60 then refer Nephrology

- NO Urology follow up
- If urine Pr/Cr ratio >45 then refer nephrology
- Patient removed from cancer pathway

- Patient STAYS ON cancer pathway

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- Make sure “Priority” on Anglia ICE set to “suspected cancer”
- Make sure on radiology request pop up that patient STAYS on both 18wk RTT and Cancer pathway

All Discharge letters to be done with Anglia Discharge System