

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

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