Visible haematuria

Primary care assessment
- History: Pain, symptoms of UTI, stone, previous malignancy
- Examination: Abdomen, consider DRE/PV, BP
- Investigation: U&Es, FBC, MSSU, Urine PCR or ACR, consider coagulation screen

Criteria for USC Referral to Urology

- **≥45 with single episode without UTI or recurs/persists after treatment of UTI**
- **<45 with more than 1 episode without UTI or recurs/persists after treatment of UTI**

Await MSSU and treat if clinically appropriate proven UTI

YES

Visible haematuria persists or recurs despite adequately treated UTI

YES

URGENT SUSPICION OF CANCER REFERRAL

NO

Manage as per UTI pathway

Recurrent visible haematuria within 6 months of negative investigation merits USOC referral

NO

Age

≥45 years

Urgent suspicion of cancer referral
Will be seen on 2WW
- Clinical history
- Urine dipstick
- Flexible cystoscopy
- Renal tract US
- If negative and ongoing, concern CTU

<45 years

More than 1 episode or recurs / persists after UTI treatment

Approved NHSA&A 2025

ACR, albumin to creatinine ratio; BP, blood pressure; CTU, computerised tomography urogram; DRE, digital rectal exam; FBC, functional bladder capacity; GP, general practice; MSSU, midstream specimen of urine; PCR, protein creatinine ratio; PV, vaginal examination; U&Es, urea and electrolytes; US, ultrasound; USOC, urgent suspicion of cancer; UTI, urinary tract infection; 2WW, 2-week wait.

CfSD. Scottish Referral Guidelines for Suspected Cancer. August 2025.