STANDARD TREATMENT WORKFLOW (STW)

Gross Haematuria

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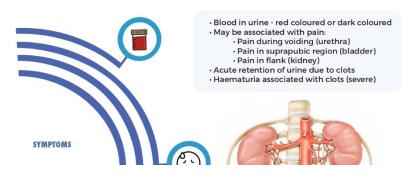






Standard Treatment Workflow (STW) for the Management of **GROSS HAEMATURIA** ICD-10-R31.0

PERFORM THOROUGH CLINICAL EVALUATION



EXAMINATION

- · Pulse, blood pressure
- Check for pallor
- Check for anasarca
- · Per abdomen examination: Palpable bladder, flank mass
- · Digital rectal examination: Enlarged smooth surfaced
- Rule out vaginal causes of bleeding

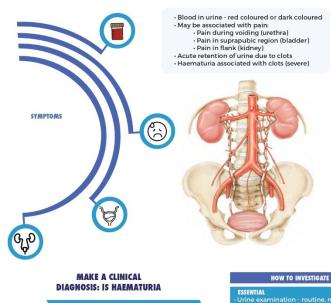




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PERFORM THOROUGH CLINICAL EVALUATION



- EXAMINATION

 Pulse, blood pressure

 Check for pallor

 Check for anasarca
- Per abdomen examination: Palpable bladder, flank mass
- · Digital rectal examination: Enlarged prostate, hard nodular/ smooth surfaced prostate
- Rule out vaginal causes of bleeding



RED URINE BUT NOT HAEMATURIA

- Foods: beetroot, blackberry, rhubarb Medicines
- rifampicin. pyridium

Even single episode of haematuria warrants complete evaluation

INITIAL

- (OTAL kidney: stone, malignancy (renal parenchyma, pelvis/ ureter), genito-urinary tuberculosis Ureter: stone, malignancy, genito-urinary tuberculosis Bladder infection, genitourinary tuberculosis,

- NIAL
 e examination routine, micros
 noglobin estimation
 ney function tests (KFT)
 sonography of kidney urinary
 ider and prostate region

- esonance imaging of Kidney dder region (if KFT deranged) ogy if > 40yrs or smoker rif > 40 years or smoker

- WHEN TO REFER

HOW TO TREAT

GENERAL

- · Start intravenous fluids

- Start intravenous fluids if required (primary level)
 If Anaemia may transfuse blood as required (primary level)
 Manage clot colic / flank pain with analgesics (primary level)
 If Acute urinary retention catheterise with 20/22Fr 3 way Foley and may start continuous irrigation with normal saline (Primary level)
 Cystoscopic clot evacu-
- Cystoscopic clot evacuation may be per-formed if feasible (tertiary level) If basic evaluation and
- management facilities are unavailable refer (tertiary level)

SPECIFIC

- Haematuria should be considered as a symptom of genitourinary malignancy in patients >40 years old until
- Haematuria should be considered as a symptom of genitourinary malignancy in patients >40years old
 proven otherwise
 Suspected nephrotic/nephritic syndrome: cola coloured urine, proteinuria, anasarca, hypertension Refer to
 nephrologist (tertiary level)
 Suspect urinary tract infection: presents with dysuria, increased frequency of voiding and other irritative low
 urinary tract from with/ without fever- treat with broad spectrum oral antibiotics (primary level)

DIFFERENTIAL DIAGNOSIS FOR CHRONIC CONDITIONS LEADING TO HAEMATURIA urrent urinary tract infectio Ultrasonography Xray KUB Intravenous pyelography Computed tomography reatme

REFERENCES

1. Standard treatment guidelines in urology: Ministry of Health and Family selfare

★ KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.fem.org.in) for more information.

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