Urology department

The one-stop haematuria clinic (incorporating an ultrasound scan):
Frequently asked questions

What will happen in the clinic and are there any special preparations?

Your doctor has referred you to the clinic because blood has been found or seen in your urine. The haematuria clinic is specifically set up for performing tests on your urinary tract to identify the cause of the bleeding.

Please ensure that your bladder is comfortably full when you arrive because it is likely that we will need to obtain a urine specimen from you before the procedure.

It may take up to three hours to complete all the investigations required in the haematuria clinic. You will also be asked to undergo swabbing of your nose and throat to ensure that you are not carrying MRSA.

On arrival, you will be shown to the ultrasound room and provided with a urine specimen container to provide a urine sample; this is to check for infection and abnormal cells. This will be followed by the ultrasound scan itself. You will then be seen by a doctor and/or a specialist nurse who will confirm the details of your medical history. You will have some blood tests performed (to check you are not anaemic, measure kidney function and, in men, a PSA prostate blood test).

The ultrasound scan involves placing a warm jelly over the areas to be examined and scanning your kidneys and bladder with a probe which emits ultrasound waves.

Scanning is performed through the skin and is completely painless. At some point during the test, you will be asked to empty your bladder which you should do into the special container provided for you by the clinic nurse. This urine sample will be checked for infection and any abnormal cells; these results will not be available immediately. We will write to you in due course with the results, usually within three or four weeks.

After your ultrasound scan, you will usually undergo a flexible cystoscopy (a telescopic examination of the bladder under local anaesthetic) to examine the lining of the bladder.
What does the flexible cystoscopy involve?

You will be shown to a changing area where you will be asked to remove your lower garments and put on a gown. A doctor will insert an instrument into the bladder via the urethra (the water pipe leading to the bladder). A local anaesthetic jelly is used to numb and lubricate the urethra to make passage into the bladder as comfortable as possible. Most patients experience some discomfort during the procedure but the majority do not find this troublesome; if you do feel uncomfortable at any time, you should inform the doctor performing the examination immediately.

Once the instrument is in place, the examination will take only a few minutes to complete. Attached to the instrument are a telescopic lens, a light source and some sterile water to fill the bladder so the lining can be inspected. Once the doctor has completed the examination, the instrument will be removed and you will be informed of the findings and the need for any further treatment.

A nurse will remain with you whilst the treatment is taking place and will explain anything you do not understand.

What happens afterwards?

You will then be able to walk to the toilet to pass the fluid that has been used to fill your bladder, just as if you were passing urine. Finally, you will be taken back to your cubicle to wash and dress yourself.

When you go home, you must drink plenty of fluid for the next 24 to 48 hours to flush your system through. You may find, when you first pass urine, that it stings or burns slightly for three to four days and that the urine may be slightly bloodstained. If you continue to drink plenty of fluid, this discomfort and bleeding will resolve rapidly.

Are there any other investigations?

In some patients, on your way out of hospital, it is necessary to perform some additional investigations such as blood tests. You will be directed to the blood test laboratory by the clinic staff if this is necessary.

Other information

This patient information leaflet provides input from specialists, the British Association of Urological Surgeons, the Department of Health and evidence based sources as a supplement to any advice you may already have been given by your GP. Alternative treatments can be discussed in more detail with your urologist or specialist nurse.
Who can I contact for more help or information?

**Oncology nurses**
Uro-oncology nurse specialist
01223 586748

Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)
01223 274608

Prostate cancer nurse practitioner
01223 274608 or 216897 or bleep 154-548

Surgical care practitioner
01223 348590 or 256157 or bleep 154-351

**Non-oncology nurses**
Urology nurse practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748 or bleep 157-237

Urology nurse practitioner (stoma care)
01223 349800

Urology nurse practitioner (stone disease)
01223 349800 or bleep 152-879

**Patient advice and liaison service (PALS)**
Telephone: +44 (0)1223 216756
PatientLine: *801 (from patient bedside telephones only)
email: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ

**Chaplaincy and multi faith community**
Telephone: +44 (0)1223 217769
email: chaplaincy@addenbrookes.nhs.uk
Mail: The Chaplaincy, Box No 105
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ

**MINICOM System (‘type’ system for the hard of hearing)**
Telephone: +44 (0)1223 217589

**Access office (travel, parking and security information)**
Telephone: +44 (0)1223 596060
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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