

Renal Services

Haematuria (Blood in the Urine)

What is Haematuria?

Haematuria is blood in the urine. Sometimes the blood can be seen, but often it is only present in very small amounts and is invisible to the naked eye. A simple test of the urine can detect these very small amounts of blood, and this is one of the checks done at many routine medical examinations.

What causes Haematuria?

The main causes of blood in the urine are:

- Infection
- Kidney stones
- Tumours in the bladder or kidney
- Harmless leakage from the bladder area
- Glomerulonephritis (which is rare)

These conditions are investigated using a sample of urine sent to the laboratory for culture (to look for infection), an ultrasound scan of the kidneys, and frequently by looking inside the bladder with a cystoscope (flexible tube). When infections, stones and tumours look unlikely, the doctor will decide whether the blood comes from a harmless leakage from the bladder area (this is very common, especially if there has been prostate trouble), or whether there should be some checks for glomerulonephritis.

What is Glomerulonephritis?

Glomerulonephritis (or nephritis for short) is an inflammation in the kidney caused by activity of the immune system. White blood cells or antibodies



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are present in the body to fight infection and can sometimes damage the kidney by mistake. This damage to the kidney can only be seen under the microscope and is often very minor.

What will happen if I have Glomerulonephritis (often shortened to 'nephritis' or 'GN')?

There are many different types of glomerulonephritis, and the outcome depends upon which type is present. In general, glomerulonephritis will either:

- Occasionally go away on its own
- Often stay the same for many years without causing trouble
- Occasionally lead to high blood pressure or kidney failure

The likelihood of running into trouble from the glomerulonephritis depends on the type of glomerulonephritis that is present. Although a lot of blood will be taken for various tests, these do not usually give a definite diagnosis. In this case, a kidney biopsy will be necessary. See also the Patient Information for Glomerulonephritis.

What is involved in a Kidney Biopsy?

Doctors can tell what is going on in the kidney by removing a small fragment with a needle and looking at it under the microscope (this is called a kidney biopsy). The procedure to take the biopsy is done in the X-ray department and takes about 20 minutes. In terms of discomfort, most people report it is about the same as a visit to the dentist.

Doctors are always cautious about recommending a kidney biopsy because there is a small risk of bleeding afterwards. The risk of serious bleeding is about 1 in 500 for someone with normal sized kidneys, normal blood pressure and normal kidney function.

To minimise the risk of bleeding, the blood is checked in the laboratory to make sure it clots properly, and you will be rested in bed after a biopsy. If you have a past history of unusual bleeding after operations or dental extractions, you should tell us before the biopsy. Vigorous activity should not be performed for 4 days after a biopsy, or longer if there are any problems. A week of work is also a good idea. See also Patient Information on Kidney Biopsy.

What will happen to me if I do not have a Kidney Biopsy?

How strongly your specialist recommends a kidney biopsy depends upon the details of your case and will be discussed in detail with you. If you do not want a biopsy, we cannot then be 100% sure what is wrong with you. Since there is no cure for many types of glomerulonephritis, this sometimes does not matter too much. If you do not have a biopsy, doctors would have to treat you as though you had one of the more serious types of glomerulonephritis, with regular blood pressure checks and measurement of the kidney function.

Can I lead a normal life with Glomerulonephritis?

The answer is 'usually yes'. Glomerulonephritis only rarely causes pain over the kidneys, and most people have no symptoms. The loss of blood is not enough to cause anaemia. The presence of a minor glomerulonephritis should not place any restrictions on employment, family life, or other aspects of normal life.

You will probably have to mention the condition when applying for life insurance or a mortgage; however, unless there is kidney failure or another serious problem, there should not be any major difficulties with the application. It may be necessary for your specialist to give a medical report to the insurance or Mortgage Company.

For further information or clarification please call the Renal Unit on 024 7696 7777 or visit www.kidney.or.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7777 and we will do our best to meet your needs.

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