Asymptomatic Microscopic Hematuria

Patient Information · Tiny amounts of blood in the urine, found on a test

WARWIKI

Microscopic hematuria means there is a small amount of blood in your urine that can only be seen under a microscope. You cannot see it with your eyes. "Asymptomatic" means it was found on a test while you felt fine. Most causes are not serious. But it can sometimes be an early sign of something important, so it is worth a check.

What It Means

A urine test can find red blood cells that are far too few to change the color of your urine. This is common. On its own, it is not a diagnosis. It is a **signal to look a little further**. Your team will first confirm it with a urine test checked under a microscope. A dipstick test alone is not enough.

What Causes It

There are many possible causes. Most are harmless:

- **Temporary causes:** hard exercise, a menstrual period, or recent sex. After treatment for an infection, repeat the urine test to check that blood has cleared.
- **Treatable causes:** a kidney stone, an enlarged prostate, thinning vaginal tissue after menopause, or a kidney condition
- **Less often,** it is the first clue to a growth in the bladder or kidney. That is why a check matters.

Often no cause is found, which is reassuring.

Learn the Terms

Hematuria
Blood in the urine.

Microscopic
Seen only under a microscope, not with the eye.

Asymptomatic
Found without any symptoms.

Urinalysis
A urine test that confirms and counts the blood cells.

Cystoscopy
A look inside the bladder with a thin camera.

Kidney ultrasound
A painless scan of the kidneys using sound waves.

CT urogram
A detailed X-ray scan of the kidneys and urinary tract, using dye.

Should I be worried? Usually not. Most people have a harmless cause or none at all. The check is a sensible precaution. It does not mean your team expects something serious. How much testing you need depends on your own risk, so not everyone needs every test.

How It's Checked

Your team looks at your history, checks your blood pressure, and does a blood test of kidney function. Then they place you in a **risk group**. This is based on your age and sex, smoking, how much blood was found, whether it persists, any visible blood, and other risk factors:

1. **Low risk:** a repeat urine test within 6 months. If blood is still there, your group is checked again.
2. **Middle risk:** a **cystoscopy** and a **kidney ultrasound**. If you prefer to avoid cystoscopy, ask about a urine marker. You still need the ultrasound, and blood that persists at 12 months means cystoscopy.
3. **Higher risk:** a **cystoscopy** and a **CT urogram** (or an MRI of the kidneys and drainage tubes if CT is not suitable).

What Happens Next

- If a cause is found, your team **treats it**.
- If nothing is found, your team will tell you if you need more urine tests later.

Good to Know

- **Smoking** is a key risk factor. Quitting helps protect your bladder.
- Taking a **blood thinner** is not a reason to skip the check.
- Tell your team about recent exercise, a period or an infection.
- Tell your team about any **family history of kidney cancer or Lynch syndrome**.

Call the office that is treating you if you have:

- **Blood you can see** in the urine (pink, red or tea-colored), even if it goes away
- Pain in the side or lower belly, or burning when you urinate
- A temperature of **100.4 °F (38 °C)** or higher, or chills

Go to an emergency department if:

- You pass clots or cannot urinate, and your bladder feels full or painful
- You have heavy bleeding and feel faint or dizzy
- You cannot reach the office and are worried

Three Things to Remember

1. Most causes of microscopic blood in the urine are harmless, but it is worth checking.
2. Your tests depend on your risk group. Not everyone needs every test.
3. Do not skip the check, especially if you smoke.