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A review of newly established fast-track haematuria clinic in a single centre

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Introduction

Haematuria is the most common presenting complaint of bladder tumour. Due to the long SOPD and cystoscopy waiting time, TURBT is often delayed. This review illustrates how our newly established fast-track haematuria clinic facilitates the diagnosis of urological malignancy and subsequent management.

Patients and methods

Upon receiving the new case referral of haematuria (both microscopic and gross haematuria), the cases will be reviewed by specialist and triaged to the fast-track clinic if fit.

With pre-consultation simple investigations arranged, patients will be first seen in our cystoscopy session. After consultation and physical examination, cystoscopy can be immediately performed with patient's consent and subsequent CT urogram will be arranged.

New cases of bladder cancer in 2019-2021 (prior to the establishment of fast track clinic) were also recruited. Waiting time and clinical data were reviewed in both groups.

Results

There were 51 patients attended the fast-track haematuria clinic in our centre from 2022 to 2023. Overall, malignancy was found in 23.5% of patients (58% bladder cancer, 17% renal malignancy, 8% ureteric malignancy, 8% retroperitoneal lymphoma, 8% hepatocellular carcinoma)
The mean interval from day of triage to flexible cystoscopy was only 22.5 days.

Another 28 new cases of bladder cancer with subsequent TURBT in 2019-2021 were reviewed. The mean interval from day of referral to first consultation was 76 days and then further flexible cystoscopy waiting time was 22.6 days. Overall, the diagnostic interval was 100 days.

Conclusion

Fast-track haematuria clinic significantly shorten the diagnostic interval of bladder cancer in our centre.

Fast-track haematuria clinic

Microscopic / Gross haematuria



Referral screening by urologist



Pre consultation investigations:

CBC, RFT, urine microscopy and culture, urine cytology
Counselling of FC and CTU



Day of consultation:

Physical examination and Flexible Cystoscopy

Fast track haematuria clinic

| | |
|---|---------------------------------|
| Mean age of presentation | 63-year-old (Range: 31-84) |
| Sex | |
| Male | 24 |
| Female | 27 |
| Mean interval from day of triage to flexible cystoscopy | 22.5 days (Range: 2-58 days) |
| Mean interval from day of triage to upper tract imaging | 62 days (Range: 15-188 days) |
| Findings | |
| Malignancy | 12 (23.5%) |
| Bladder cancer | 7 |
| Renal malignancy | 2 |
| Ureteric malignancy | 1 |
| Retroperitoneal lymphoma | 1 |
| Hepatocellular carcinoma | 1 |
| Stone | 13 (25.5%) |
| Renal stone | 8 |
| Ureteric stone | 3 |
| Bladder stone | 1 |
| Urethral stone | 1 |