HOSPITAL UROLOGY GUIDE

Severe Blood in the Urine

Cystoscopy, clot evacuation, and bleeding control - a hospital guide

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Questions or concerns? Message us on MyChart. MyChart is the best way to reach our team for non-urgent questions and photos. Call the clinic at 832.556.6046 for time-sensitive questions. For after-hours urgent concerns, follow the on-call instructions in your discharge paperwork.

You are being seen by urology because there is significant blood and/or clot in the urine. Many cases can be watched or managed with a catheter and bladder irrigation. Sometimes clots fill or block the bladder, causing pain, bladder stretching, poor catheter drainage, or failure of continuous bladder irrigation. When bedside irrigation is not enough, the urologist may recommend a hospital procedure to clear the bladder and control bleeding.

The main goals

Remove clots from the bladder; relieve painful bladder blockage or distention; help the catheter drain better.

Look for the source of bleeding; control active bleeding when it can be safely seen; stabilize the situation so a longer-term plan can be made.

Common reasons for severe bladder bleeding

Enlarged prostate or prostate bleeding; bladder tumor or abnormal growth; radiation cystitis after pelvic radiation; recent catheter irritation or bladder trauma.

Infection or bladder inflammation; blood thinner use or bleeding tendency; bleeding after a urologic procedure; sometimes no clear source is seen right away.

Important: this is different from a routine outpatient hematuria visit. The hospital procedure is mainly to treat the acute problem - clots, blockage, severe bleeding, or catheter irrigation that is not working well. Even if the bleeding improves, you may still need outpatient urology follow-up to finish the hematuria evaluation and decide the long-term plan.

Before and during the procedure

The steps

Before: the care team reviews your imaging, labs, catheter drainage, blood thinner status, medical risk, and whether bleeding is still causing blockage or clots.

Anesthesia: most patients receive anesthesia so the procedure can be done safely and comfortably.

Cystoscopy: a small camera is passed through the urinary channel into the bladder - usually no abdominal incision.

Clot evacuation and bleeding control: the urologist washes out old blood and clots, inspects the bladder, and may cauterize or seal visible bleeding when safe.

The urologist may do one or more of these

Wash out old blood and clots; suction clots out of the bladder; inspect the bladder lining; look for active bleeding.

Cauterize bleeding areas if visible; take a biopsy if needed and safe; remove abnormal tissue if appropriate; place a Foley catheter at the end.

What this procedure can do

Clear clot retention; improve bladder drainage; control visible bleeding; help stabilize you for discharge.

What it may not answer

Visibility may be limited by blood or inflammation; bleeding may come from the kidney or ureter; pathology or imaging may still be pending; outpatient follow-up may still be needed.

Upper-tract bleeding: sometimes blood comes from higher in the urinary tract (kidney or ureter). This bladder procedure may still be needed to clear clots and restore drainage, but additional tests or different procedures may be needed later.

Blood thinners: aspirin is generally okay unless we told you otherwise. Do not restart Plavix, Brilinta, Eliquis, Xarelto, Coumadin/warfarin, or similar blood thinners until our team tells you it is safe - restarting too early carries a high risk of bleeding and blood in the urine. If another doctor wants them restarted sooner, contact us first.

After the procedure and going home

Most patients wake up with a urinary catheter, which helps drain the bladder, monitor urine color, and prevent new clots from blocking urine flow. Some patients continue continuous bladder irrigation (sterile fluid gently flushing the bladder through the catheter). Light pink or red urine can happen while the bladder is healing, and color may change with movement, hydration, bladder spasms, and ongoing irritation.

Will I go home with a catheter?

Sometimes the catheter is removed in the hospital for a voiding trial (the team removes it and makes sure you can urinate).

Sometimes it is safer to go home with the catheter and return to clinic for removal later, especially after a large clot burden, bladder stretching, enlarged prostate, ongoing bleeding, or prior retention.

Before discharge, the team usually checks

The catheter is draining well; clots are not repeatedly blocking drainage; urine color is stable enough for discharge; pain and bladder spasms are controlled.

Blood counts and kidney function are acceptable; the blood thinner plan is clear if relevant; the Foley catheter plan is clear; and urology follow-up has been requested.

Why follow-up is still important: the hospital procedure treats the urgent problem - bleeding, clots, bladder blockage, or catheter irrigation failure. Afterward, urology may still need to review imaging, urine tests, pathology, catheter plan, blood thinner plan, and whether you need repeat cystoscopy, CT urogram, prostate treatment, radiation cystitis treatment, bladder tumor treatment, or surveillance.

Call or return urgently if

EXPECTED WHILE HEALING	CALL CLINIC / MYCHART	CALL OR RETURN URGENTLY
• Light pink or red urine while the bladder heals • Urine color changing with movement, hydration, or bladder spasms • Mild catheter discomfort or bladder spasms • Small sediment or debris in the tubing	• Symptoms that are bothersome or not improving, but you are stable and the catheter is draining • Questions about the catheter, irrigation, blood thinners, or your follow-up plan • Increasing cloudiness or odor without fever	• Catheter is not draining • Severe lower belly pain or pressure • Cannot urinate after catheter removal • Large clots keep passing, or bright red bleeding is worsening • Fever of 100.4°F / 38°C or higher, or chills • Dizziness, fainting, chest pain, or shortness of breath • New confusion, severe weakness, or feeling very ill