SYMPTOM

Blood in urine

Blood in urine means red blood cells are visible or detected by testing.

WHAT IT FEELS LIKE
Often painless; urine may look pink, red, or brown

WHERE IT IS FELT
Urine from the kidneys, bladder, or urinary passages

MOST COMMON CAUSES
Urinary infections, kidney stones, prostate enlargement

WHEN IT IS URGENT
Visible blood, clots, fever, severe pain, or trouble urinating

USUALLY LASTS
Hours to days, but timing follows the underlying cause

SEE A DOCTOR IF
Blood appears once or a urine test repeatedly finds it

Overview

Blood in urine is called haematuria . It can come from anywhere in the urinary tract, including the kidneys, bladder, prostate, ureters, or urethra.

Visible haematuria may make urine look pink, red, or dark brown. With non-visible or microscopic haematuria, urine looks normal but testing detects red blood cells.

Even a small amount of blood can noticeably change urine colour, and the colour does not show how serious the cause is. Infection, stones, and other treatable conditions are common, but blood in urine should not be ignored.

What it may feel or look like

Blood in urine is often painless. The urine may have an even colour, streaks of blood, or small clots.

Other symptoms may suggest a cause:

Red or brown urine is not always blood. Beetroot, food colouring, some medicines, and muscle injury can change its colour. Menstrual or vaginal bleeding can contaminate a urine sample.

However, do not assume a colour change is harmless without checking.

- Burning, urgency, or frequent urination can occur with infection
- Severe waves of side or back pain can occur with a kidney stone
- Difficulty starting urine or a weak stream can occur with prostate enlargement
- Fever, chills, nausea, or feeling very unwell can suggest a serious infection

Common causes

A urinary tract infection can inflame the bladder or urethra, causing bleeding, burning, frequent urination, cloudy urine, or lower abdominal discomfort.

Kidney or urinary stones can scratch or block the urinary tract. They may cause intense pain in the side, back, lower abdomen, or groin, although some cause little pain.

An enlarged prostate can affect urine flow and sometimes cause bleeding. Intense exercise may also cause temporary haematuria, but blood that continues after exercise needs assessment.

Kidney inflammation or disease can allow blood and protein into urine. Possible signs include swelling around the eyes or ankles, high blood pressure, or foamy urine.

Other causes include injury, recent urinary procedures, inherited conditions, and clotting problems. Blood-thinning medicines can make bleeding more noticeable, but should not automatically be assumed to be the only cause.

Growths in the bladder, kidney, prostate, or urinary tract can also bleed. Most people with haematuria do not have cancer, but painless visible blood needs prompt assessment.

Blockage by a stone or clot may prevent urine from leaving the bladder or kidney. Kidney infection can become serious, especially when fever or chills occur with side or back pain. Blood after a major injury may indicate urinary tract damage.

When to seek medical care

Arrange a same-day medical assessment if you see blood in your urine, even once, in a small amount, or without pain. Seek same-day care if blood occurs with fever, chills, vomiting, severe side or back pain, or during pregnancy.

Get urgent help if you pass clots or have increasing difficulty urinating.

Go to an emergency department or call emergency services if:

Arrange routine follow-up if repeated urine tests find blood you cannot see, even if you feel well. Timing depends on the result, symptoms, and medical history.

- You cannot urinate and your lower abdomen is painful or swollen
- Bleeding is heavy or you feel faint, confused, or very weak
- Blood appears after a serious injury to your abdomen, back, or pelvis
- You have fever with rapid breathing, confusion, severe illness, or collapse

How the cause is found

A clinician will ask about the bleeding, pain, urinary symptoms, fever, exercise, injuries, and possible menstrual bleeding. They may also ask about smoking, kidney problems, stones, prostate symptoms, and medicines, including blood thinners like warfarin or apixaban .

Urine testing can confirm red blood cells and check for infection, protein, or kidney disease. A urine culture may identify bacteria. Blood tests may check kidney function, blood counts, or clotting. If pregnancy is possible, testing may affect scan and treatment choices.

Further tests may include ultrasound, CT, or cystoscopy, in which a thin camera is passed through the urethra to examine the bladder. The tests used depend on symptoms, age, risk factors, and whether bleeding continues.

Treatment and self-care

Treatment targets the cause. A bacterial infection may need antibiotics like amoxicillin or doxycycline . Stones may pass naturally or require medicine or a procedure. Prostate, kidney, clotting, or bladder conditions need specific treatment.

While arranging care, drink normally unless you have been told to restrict fluids because of a heart or kidney condition. Do not force large amounts of water, especially if you are struggling to urinate.

Avoid strenuous exercise until the bleeding has been assessed or clearly settled. Record the urine colour, clots, pain, fever, and medicines you take. A photograph may help if the colour returns to normal before your appointment.

Do not stop an anticoagulant or other prescribed medicine unless a healthcare professional tells you to. Suddenly stopping a blood thinner can be dangerous.

What to expect

Duration depends on the cause. Exercise-related bleeding or minor irritation may settle quickly. Infection may improve with treatment, while stones and other conditions may cause intermittent symptoms.

You may need another urine sample after treatment or observation. Follow-up remains important even if the urine looks normal again, especially after visible bleeding or repeated abnormal tests.

Seek reassessment if blood returns, symptoms worsen, or you develop pain, fever, clots, reduced urine output, or difficulty urinating.

Common questions

Can food make urine look like blood?

Yes. Beetroot, food dyes, and some medicines can change urine colour. A urine test can distinguish pigment from blood.

Can a urinary infection cause visible blood?

Yes. Infection can irritate the bladder lining. Visible blood still needs assessment, particularly if it continues after treatment.

Does painless blood matter?

Yes. Lack of pain does not make haematuria harmless. Visible blood should be checked promptly.

Should I stop my blood thinner?

No, not without medical advice. Blood thinners may increase bleeding, but another urinary cause may be present. Seek prompt assessment and name the medicine you take.

Can menstrual blood affect a urine test?

Yes. It can contaminate a sample. Tell the clinician or laboratory so they can decide whether to repeat the test.

Sources

- National Institute of Diabetes and Digestive and Kidney Diseases: Hematuria (Blood in the Urine)

- NHS: Blood in urine
- American Urological Association and Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction: Microhematuria Guideline
- National Institute for Health and Care Excellence: Suspected cancer-recognition and referral, NG12
- American College of Radiology: Appropriateness Criteria-Hematuria