

Referral Support Service

Urology

UR04

Haematospermia (at any age)

Definition:

The presence of blood in a man's ejaculate.

Most cases have no identified cause.

Common causes include prostate inflammation or infection.

Rarely, it can be a result of prostate/ bladder or testicular malignancy.

Red Flags:

- Frank haematuria
- Testicular mass
- Abnormal Prostate on examination
- Elevated age-specific PSA

Baseline Investigations

- Clinical examination, to include testes and prostate examination
- Urinalysis (to exclude haematuria) +/- urine culture.
- Offer PSA testing (when appropriate- any accompanying LUTS or abnormality on examination).
- Consider FBC, Coag for recurrent haematospermia.

Management

- If the person is under 40 years old, and no underlying cause is identified by initial assessments and investigations, **reassure them that a single episode is likely to be benign and self-limiting**, advise to return if the problem continues.
- Consider STIs and if appropriate refer to YorSexual Health Clinic (01904 721111)
- **If a urinary tract infection is suspected**, treat with antibiotics based on the results of culture and sensitivity tests.
- Consider BP check and ensure BP in range if hypertensive.
- **If acute prostatitis is suspected**
 - Offer a 4 week prescription of either **trimethoprim 200mg BD** (first line) or **ciprofloxacin 500mg BD** (second line). Four weeks treatment may prevent chronic prostatitis. Advise patients about the possible adverse effects with **fluoroquinolones antibiotics**. fluoroquinolones such as ciprofloxacin can very rarely cause long-lasting (up to months or years), disabling, and potentially irreversible adverse effects, sometimes affecting multiple systems, organ classes, and senses. Patients should stop treatment with a fluoroquinolone antibiotic at the first signs of a serious adverse reaction, such as tendonitis or tendon rupture, muscle pain, muscle weakness, joint

pain, joint swelling, peripheral neuropathy, and central nervous system effects, and to contact their doctor immediately – [Information sheet for patients](#) .

- Provide pain relief with **paracetamol** and/or **ibuprofen**. For severe pain, offer **codeine** with **paracetamol** – not to be prescribed long term.
- If defecation is painful, offer a stool softener such as **docusate** or **lactulose**.
- **If chronic prostatitis is suspected**
 - Offer a **single** course of antibiotics, if symptoms have been present for less than 6 months. Consider prescribing **trimethoprim 200 mg BD** for 4–6 weeks or **azithromycin 500mg once a day, three times a week** for 3 weeks.
 - Prescribe **paracetamol** and/or a NSAID such as **ibuprofen** for pain relief, do not prescribe opioids in chronic prostatitis.
 - Patients with significant lower urinary tract symptoms (LUTS) should be offered a 4–6 week trial of an **alpha-blocker**, this should not be prescribed at the same time as an antibiotic.
 - Prescribe a stool softener such as **lactulose** or **docusate** if defecation is painful.
 - Consider referral to a urologist assessment and management, if symptoms persist after initial management.

Refer to Urology:

- Consider *2WW referral*
 - for Testicular lesions/ Abnormal Prostate/ ^ PSA/ Haematuria.
- Routine Referral
 - for Men > 40 years with no identifiable cause for haemospermia.
 - Men and boys of **any age** who have experienced **more than ten episodes of haemospermia**, with no identifiable cause.
 - Refer if investigations have suggested that the underlying cause of haemospermia may be cysts or calculi of the prostate or seminal vesicles.
 - Refractory unexplained cases of haemospermia.

Refer to Haematologist if the person has signs and symptoms suggestive of an acquired bleeding disorder, lymphoma or leukaemia

General Advice

- **Reassure the person that most causes of haemospermia have no effect on fertility.** The main exception to this is when the underlying cause is certain sexually transmitted infections.
- **Reassure men who have had a recent prostate procedure that any associated haemospermia should resolve within three to four weeks.**

References:

<https://cks.nice.org.uk/haemospermia>
<https://cks.nice.org.uk/haemospermia#!scenario>