Vale of York
Clinical Commissioning Group

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 haematospermia.
    - Men and boys of **any age** who have experienced **more than ten episodes of haematospermia**, with no identifiable cause.
    - Refer if investigations have suggested that the underlying cause of haematospermia may be cysts or calculi of the prostate or seminal vesicles.
    - Refractory unexplained cases of haematospermia.

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 haematospermia 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 haematospermia should resolve within three to four weeks.**

References:
https://cks.nice.org.uk/haematospermia
https://cks.nice.org.uk/haematospermia#!scenario

Responsible GP: Dr Emma Broughton
Responsible Consultant: Mr Wilson
Responsible Pharmacist: Faisal Majothi
Clinical Effectiveness Advisory Group approved: Dec 2019
Date published: Jan 2020
Next Review: Dec 2021