

South And West Herts Haematospermia Pathway



HAEMATOSPERMIA

Normally a benign self limiting condition

- Measure BP and perform testicular exam
- Urine dip stick (check for haematuria)
- Send Mid Stream Urine to lab for all patients

Identifiable Causes

Common:

- Infection - UTI or STI
- Trauma or instrumentation (such as prostatic biopsy) – reassure him that symptoms normally settle within 3-4 weeks.

Less common:

- Suspected prostatitis (patient may have pelvic pain);
- Oral Anti Coagulants
- Suspected benign prostatic hypertrophy – refer to male LUTS guidance

Rare:

- Prostate cancer
- Testicular cancer
- An acquired bleeding disorder (secondary to suspected haematological cancer, or liver or kidney failure) – refer for further assessment to the appropriate specialist.
- TB/Schistosomiasis (take traveller history)

To exclude Identifiable Causes:

- Consider DRE and other physical examination
- Consider referral for STI screening
- Consider PSA in men at >40yr after 4 weeks (repeat in further 6 weeks if raised on initial test)
- Consider FBC, UE, LFT, Coag screen

Suspected Cancer pathway if persistently raised PSA, suspicious DRE (see PSA pathway or signs of urological cancer)

No Identified Cause

Age ≥ 40 years

Age < 40 years

> 3 episodes within 1 month

> 3 episodes within 1 month

≤ 3 episodes within a month

Routine Electronic Urology Referral for appointment

Reassure: Advise to return if more than three episodes within a 1 month period

[Haematospermia Patient Information Leaflet](#)