

Haematospermia - Management

Scenario: Assessment of haematospermia

How do I determine the cause of haematospermia?

- **Ask** about:
 - **Age.** Men older than 40 years of age with haematospermia are at increased risk of a serious cause for haematospermia, such as prostate cancer or prostatitis.
 - **The number of episodes of haematospermia he has had.** Prolonged recurrent episodes are thought to increase the risk of a serious underlying cause for haematospermia.
 - **Recent instrumentation or trauma to the genitalia.**
 - **Known bleeding disorders,** such as haemophilia or von Willebrand's disease.
 - **Symptoms of urological infection or cancer.**
 - Dysuria, urgency, or frequency, with or without haematuria, may indicate a urinary tract infection. For further information, see the CKS topics on [Urinary tract infection \(lower\) - men](#) and [Urinary tract infection - children](#).
 - Perineal or suprapubic pain associated with symptoms of a urinary tract infection may indicate acute or chronic prostatitis. For further information, see the CKS topics on [Prostatitis - acute](#) and [Prostatitis - chronic](#).
 - Painless haematuria may indicate an underlying urological cancer. For further information, see the CKS topic on [Urological cancer - suspected](#).
 - **Risk factors for, and symptoms of, sexually transmitted infection.** Dysuria associated with urethral discharge may indicate a sexually transmitted infection. For further information, see the CKS topics on [Urethritis - male](#), [Gonorrhoea](#), [Trichomoniasis](#), and [Herpes simplex - genital](#).
 - **Symptoms of benign prostatic hypertrophy or prostate cancer.** These include hesitancy, frequency, or dribbling. For further information, see the CKS topic on [LUTS in men, age-related \(prostatism\)](#).
 - **Symptoms of disorders causing an acquired bleeding disorder.** These include liver failure, kidney failure, and haematological cancers.
- **Examine:**
 - **Blood pressure** for uncontrolled hypertension.
 - **For signs of anaemia and bruising** associated with an acquired bleeding disorder.
 - **The penis** and the urethral meatus for signs of genital warts, or unreported injury.
 - **The testes** for signs of cancer. For further information, see the CKS topic on [Scrotal swellings](#).

- **The prostate** for signs of benign prostatic hyperplasia or cancer.
- **The abdomen** for abnormalities of the kidneys, liver, or spleen that could indicate an acquired bleeding disorder.
 - **Send a mid-stream urine sample for analysis and culture** in all men and boys.
 - **Consider other investigations guided by clinical findings:**
 - Investigations for a sexually transmitted infection (in men with symptoms or who are at risk).
 - A full blood count, coagulation screen, and renal and liver function tests.
 - Prostate specific antigen (PSA) level if prostate cancer is suspected.
 - Scrotal ultrasound if there is testicular swelling.

Basis for recommendation

Experts recommend assessing all people for serious conditions thought to cause haematospermia [[Narouz and Wallace, 2002](#); [Papp et al, 2003](#); [Ahmad and Krishna, 2007](#); [Magoha and Magoha, 2007](#); [Aslam et al, 2009](#); [Stefanovic et al, 2009](#)]. Expert review articles on secondary care management commonly recommend arranging a wide range of blood tests and screening for sexually transmitted infections in all men. However, this was not supported by CKS expert reviewers for men presenting in primary care.

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How should I manage a man with no identifiable cause for haematospermia?

- **For men younger than 40 years of age who have had no more than three episodes of haematospermia within one month:**
 - Reassure that a serious cause is extremely unlikely.
 - Advise the man or boy to return if more than three episodes of haematospermia occur or episodes of haematospermia continue for more than one month.
- **For men of 40 years of age or older, those who have experienced more than three episodes of haematospermia, and those experiencing episodes of haematospermia for more than one month,** refer to a urologist for further assessment.

Basis for recommendation

Referral criteria are based on expert opinion of the risk of a serious cause for haematospermia [[Ahmad and Krishna, 2007](#); [Torigian and Ramchandani, 2007](#); [Szlauer and Jungwirth, 2008](#); [Leocadio and Stein, 2009](#); [Stefanovic et al, 2009](#)].

- The association between persistent haematospermia and serious pathology is based on expert opinion. CKS identified no trials that looked for this association.

- Expert opinion is supported by limited [evidence](#) that there is probably an increased risk of prostate cancer in men of 40 years of age and older with haematospermia.
- There is further limited [evidence](#) that the risk of a serious cause for haematospermia is extremely low in men younger than 40 years of age.

How should I manage a man with an identifiable cause for haematospermia?

- **If the haematospermia is secondary to:**
 - **A urinary tract infection** — treat with antibiotics. For further information, see the CKS topic on [Urinary tract infection \(lower\) - men](#) and [Urinary tract infection - children](#).
 - **Suspected prostate cancer** — refer the man or boy to a urologist. For further information, see the CKS topic on [Urological cancer - suspected](#).
 - **Suspected testicular cancer** — see the CKS topic on [Scrotal swellings](#).
 - **Suspected benign prostatic hypertrophy** — see the CKS topic on [LUTS in men, age-related \(prostatism\)](#).
 - **Suspected prostatitis** — see the CKS topics on [Prostatitis - acute](#) and [Prostatitis - chronic](#).
 - **Trauma or instrumentation** (such as prostatic biopsy) — reassure him that symptoms normally settle within 3–4 weeks.
 - **Suspected sexually transmitted infection** — refer the man or boy to a service specializing in sexual health for further investigation and management. For further information, see the CKS topics on [Urethritis - male](#), [Gonorrhoea](#), [Trichomoniasis](#), and [Herpes simplex - genital](#).
 - **An acquired bleeding disorder** (secondary to suspected haematological cancer, or liver or kidney failure) — refer for further assessment to the appropriate specialist.

Basis for recommendation

Haematospermia following instrumentation

- The recommendation to reassure men with haematospermia following prostatic biopsy is based on an observational study of the incidence and duration of haematospermia following transrectal ultrasound-guided prostate biopsy [[Manoharan et al, 2007](#)].
- Following transrectal ultrasound-guided prostate biopsy, 63 men were instructed to ejaculate at least once weekly and record any episodes of haematospermia.
- A total of 84% of men had at least one episode of haematospermia.
- The mean duration of symptoms was 3.5 weeks.

Haematospermia secondary to causes other than instrumentation

- Management recommendations for other causes of haematospermia, and the basis for these recommendations, are located within the appropriate CKS topic.