Chronic Testicular Pain

This document is designed to aid the clinical decision making for GPs seeing patients presenting with Chronic Testicular Pain in the Primary Care Setting. Clinical examination will aid the decision as to the appropriate health care support.

The decision making pathway is not a substitute for the exercise of professional/clinical judgement

Supporting Notes/References
NG193 2021 Overview | Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain | Guidance | NICE

Pre-Requisites for entry to Chronic Testicular Pain pathway
Patients can be considered for the Chronic Testicular Pain pathway if they have had intermittent or constant unilateral or bilateral testicular pain for **more than > 3 months.**

Advice and Guidance is readily accessible if GPs are uncertain that a referral to secondary care is required

Initial Assessment

- History (including symptoms of urological infection, & trauma).
- STIs
- Vasectomy and other relevant surgery
- Psychological assessment/social impact
- Diabetes
- Physical examination urological, abdomen systems, external genitalia, inguinal region and prostate and spine
- Urine dipstick test
- Chlamydia + STI screen (if appropriate)
- Diabetic control (HbA1c<58)
- USS of scrotum and testes
- Consider renal USS if referred pain.

No cause is identified in at least 25% of cases

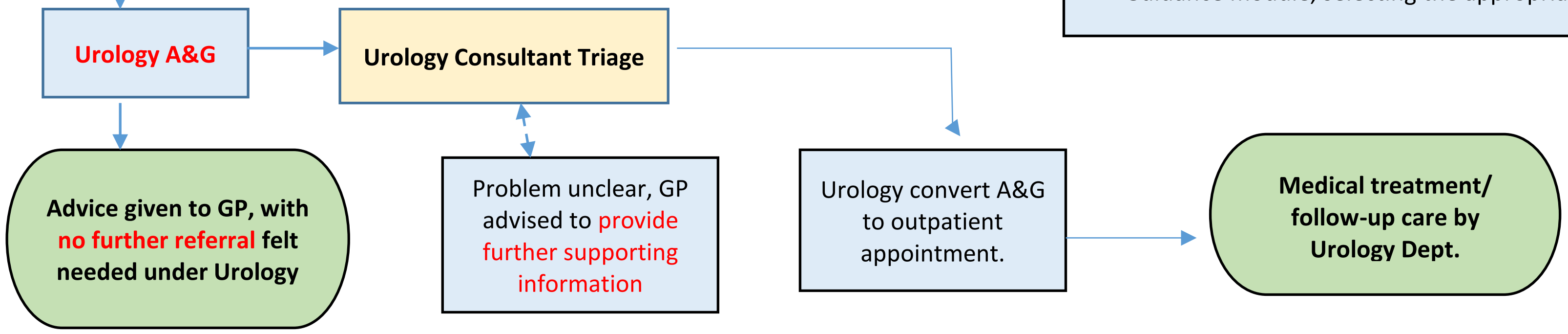
Consider

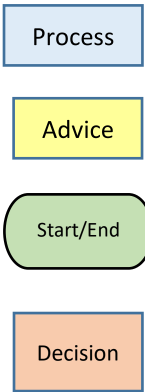
- 1 month trial of NSAID (ibuprofen, Naproxen)
- Scrotal support (well-fitting briefs only, *medical support device/jock strap not suggested*)
- 4 weeks of Trimethoprim 200mg BD or minimum 14 days / maximum 28 days of Doxycycline 100mg OD
- Follow NICE Guidance for chronic primary pain, including exercise, psychological therapy, and pharmacological therapy. Consider an antidepressant, either amitriptyline, citalopram, duloxetine, fluoxetine, paroxetine or sertraline, for people aged 18 years and over to manage chronic primary pain, after a full discussion of the benefits and harms).

Refer to persistent pain services via e-referrals Advice and Guidance module, selecting the appropriate service.

Medical Management

- Give reassurance,
- Medication and/or IAPT/talking therapy.
- Antibiotics (if evidence of epididymitis, prostatitis), but needs to be appropriate e.g. doxycycline, trimethoprim, azithromycin, fluoroquinolone antibiotic.





Pathway co-design: - HIOW provider Urologist/HIOW ICB GP Clinical Leads/Solent Persistent Pain Service. Published: March'24 Review Due March 25
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