

Haematospermia

This document is designed to aid the clinical decision making for GPs seeing patients presenting with Haematospermia 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
<https://www.bmj.com/content/355/bmj.i5124>

Initial Assessment

- History (including symptoms of urological infection or cancer).
- Most cases are self-limiting.
- 15% are single episode.
- May be painful (prostatitis) or painless.
- Associated haematuria unusual
- Penile discharge or STI
- Urinary symptoms
- Bruising / history of trauma
- Recent Foreign travel
- Recent prostate biopsy
- Physical examination urological, abdomen systems, external genitalia, inguinal region and prostate.
- Urine dipstick test
- Consider (particularly if >1 episode): → Semen MC+S → PSA → STI screen → Clotting profile.
- Consider routine testes Ultrasound.
- Blood Pressure

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

Patient meets the NICE criteria for suspected cancer.

- Patients with haematuria (as per local guidelines)
- Patients with increased PSA (as per local guidelines)
- Patients with abnormal prostate on DRE

Make urgent referral via suspected cancer pathway.

Medical Management

- Give reassurance, (main focus of treatment)
- Treat any cause appropriate.
- Patient information www.patient.co.uk
- Consider A&G.

Start/End

Decision

Advice

Process

Decision

Urology A&G

Problem unclear, GP advised to provide further supporting information

Urology Consultant Triage

Advice given to GP, with no further referral felt needed under Urology.

Urology convert A&G to outpatient appointment.

Medical treatment/ follow-up care by Urology Dept.