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>

Haematospermia

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**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.

Pathway co-design: - HIOW provider Urologist/HIOW ICB GP Clinical Leads. Published: March’24 Review Due March 25

For further information or queries contact [hiowicb-hsi.icbelectivecaremailbox@nhs.net](mailto:hiowicb-hsi.icpelectivecaremailbox@nhs.net)

**Urology Consultant Triage**

**Urology A&G**

Problem unclear, GP advised to provide further supporting information

Urology convert A&G to outpatient appointment.

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

Decision

Process

**Medical treatment/**

**follow-up care by Urology Dept.**

Advice

Decision

Start/End