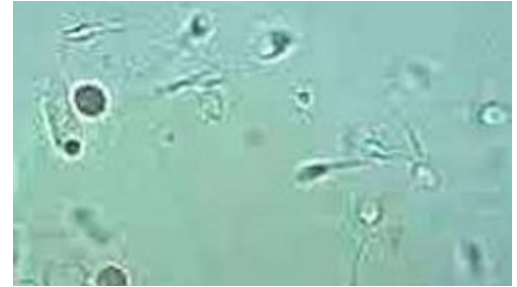


Patients I think I might have...

Blood in the Semen (haematospermia)

Quick Links

- What should I do if I have blood in my semen?
- What are the facts about blood in the semen?
- What should I expect when I visit my GP?
- What could have caused the blood in my semen?
- What happens next?



Pages in this section contain graphic images (including genitalia) that some may find upsetting.

What should I do if I have blood in my semen?

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If you see blood in your semen, you should contact your GP for further advice although it is unlikely that there is a worrying underlying cause

Your GP will normally provide reassurance about blood in the semen. Most GPs will perform some simple, baseline tests. You may be commenced on [antibiotics](#) or anti-inflammatory drugs to treat presumed infection / inflammation (the commonest cause of blood in the semen).

It is not normally necessary for you to be referred for more detailed investigations, in hospital, unless your [prostate](#) gland feels abnormal, there is associated blood in the urine or your PSA blood test is abnormal.

What are the facts about blood in the semen?

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The commonest cause of blood in the semen is low-grade infection or inflammation in the seminal tract (particularly in the [prostate](#) gland). It is important to be aware that:

- although possible, it is unlikely to be caused by sexually-transmissible infection;
- rarely, it can be due to cancer of the testis or the [prostate](#) gland;
- if it is associated with blood in the urine, whether **visible** or **non-visible** (*found on a urine test*), it should always be investigated fully;
- if it is associated with an abnormal [prostate](#) gland on rectal examination, or a raised PSA blood level, you will normally be referred to your local urology department on the "fast-track" (2-week wait) system;
- blood in the semen usually resolves, either spontaneously (by itself) or with the help of anti-inflammatory drugs; and
- recurrence over a long period of time is common.

What should I expect when I visit my GP?

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Your GP should work through a recommended scheme of assessment for patients with blood in the semen. This will normally include some or all of the following:

1. A full history [▼](#)

2. A physical examination

3. Additional tests

What could have caused the blood in my semen?

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Most patients with blood in the semen have low-grade prostate, urethral or seminal vesicle inflammation which requires no specific treatment and usually resolves spontaneously

Although there are many potential causes for blood in the semen, it is often difficult to identify a clear cause. Those most often found are:

- low-grade seminal tract infection (± urinary tract infection);
- blood disorders (e.g. sickle cell disease, clotting disorders, anticoagulant and anti-platelet drugs);
- recent urological surgery (e.g. [cystoscopy](#), [prostatic biopsy](#), vasectomy, vasectomy reversal);
- testicular or [prostate](#) cancer (very rare); and
- other causes, including less common infections (e.g. tuberculosis, schistosomiasis)

What happens next?

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It is very unusual for men with blood in the semen to require urological referral

Your GP will reassure you that the condition usually improves by itself. If the blood in the semen persists, your GP will normally prescribe a 6-8 week course of [antibiotics](#) or anti-inflammatory drugs.

Urological referral may be considered if:

- your [prostate](#) feels abnormal on rectal examination and/or your PSA blood test is abnormal;
- examination or ultrasound reveals an abnormal testicle;
- there is blood in your urine (visible or invisible); or
- you have regular blood in the semen, despite adequate treatment, especially if you are over the age of 45 years.

This will involve an outpatient appointment when some or all of the following assessments will be performed:

- Detailed questioning about your urinary tract and any related symptoms;
- A physical examination (including rectal & scrotal examination);
- Blood tests (if not already performed by your GP);
- Examination of the urine for cancer cells (if not already performed by your GP);
- [X-rays](#) or scans; or

This may involve one or more of the following:

- CT scan (*pictured*);
- ultrasound scan of [kidneys & bladder](#);
- rectal ultrasound scan of the [prostate](#) (*pictured top right of this page*); or
- ultrasound of the scrotum.

- A flexible [cystoscopy](#) (if you have blood in your urine as well).

this is a telescopic check of the [bladder](#). It is performed under [antibiotic](#) cover & local anaesthetic using a small, flexible telescope which allows the clinic doctor to see inside your [bladder](#) (*pictured*).

 [Download an information leaflet about flexible cystoscopy.](#)

If you have concerns about a [bladder](#) examination under local anaesthetic, or you have experienced problems with local anaesthetic in the past, you should ask about having your examination under a brief general anaesthetic (i.e. whilst you are asleep).

 [Download an information leaflet about bladder examination under a general anaesthetic.](#)



When your tests have been completed, the medical staff will advise you on what to do next:

If an **abnormality requiring further treatment is detected**, the medical staff will advise you on what treatment is necessary.

If **no specific abnormality is found**, you should keep a careful eye on your symptoms and report any further bleeding to your GP who will be informed of the result of your assessment.

More resources on Blood in the Semen (haematospermia)

Some/all of these resources are links to external sites, the content on which BAUS accepts no responsibility for.

Patient UK [🔗](#)

Information about the investigation, causes & treatment of blood in the semen

Web MD [🔗](#)

A commercial site (sponsored by Boots) about blood in the semen