

EXCLUDE TORSION

Take history – age, sexual history, previous catheterisation or urinary tract infection (UTI)?  
 Examination – urethral discharge?  
 Tests – urethral swab for gonorrhoea culture, first void urine for chlamydia and gonorrhoea testing by NAAT, AND mid-stream urine (MSU) for urinary pathogens  
 Vital signs

### STI-associated epididymo-orchitis more likely if

- < 35 years
- > 1 partner in past 12 months
- Men who have insertive anal sex are at risk of epididymitis due to enteric organisms

### Management of epididymo-orchitis likely due to any STI

- Ceftriaxone 500mg im stat (make up with 2ml lignocaine 1% or as per data sheet) *plus* doxycycline 100mg po twice daily for 14 days
- Discuss partner notification as below
- Advise to use condoms or abstain from sex for 7 days after initiation of treatment and until 7 days after all sexual contacts have been treated
- Bed rest, scrotal support, analgesia

### Urinary pathogen-associated epididymo-orchitis more likely if

- > 35 years
- Low risk sexual history
- Previous urological procedure or UTI
- No urethral discharge
- Positive urine dipstick for leucocytes + nitrites

### Management of epididymo-orchitis likely due to enteric organisms

- Ciprofloxacin 500mg po bd 10 days (specialist approval may be required)
- Bed rest, scrotal support, analgesia

### Follow-up

- Symptoms should be improving after 3 days
- Arrange further review at 1 week
- Check laboratory results

### Symptoms and signs resolved/significantly improved

- Check compliance with treatment
- Check sexual abstinence
- Ensure partner notification complete

Discharge once symptoms and signs fully resolved

### MSU positive

- Renal tract ultra-sound scan (USS)
- Referral to urology

### Symptoms and signs persist

- Check compliance with treatment
- Check no unprotected sex
- Ensure partner notification complete
- Review diagnosis
- Consider alternative aetiologies
- Consider testicular USS
- Consider urology referral

### Partner notification

If STI cause suspected:

- Be clear about language; 'partner' implies relationship – all sexual contacts in the last 2 months should be advised so they can have a sexual health check and treatment
- Contact(s) should have a sexual health check and if asymptomatic treat empirically for chlamydia with azithromycin 1g po stat
  - If gonorrhoea suspected in index case, add ceftriaxone 500mg im stat
- Contacts should be treated without waiting for their test results and advised to use condoms or abstain from sex for 7 days; if positive for an STI, refer to specific guideline
- Most choose to tell contacts themselves, giving written information is helpful
- Notifying all contacts may not be possible e.g. if there is insufficient information or a threat of violence

Further guideline information – [www.nzshs.org](http://www.nzshs.org) or phone local sexual health service.