CHRONIC EPIDIDYMITIS

Information about your condition from
The British Association of Urological Surgeons (BAUS)

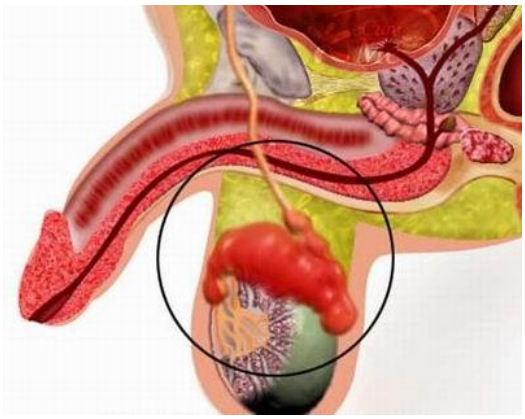
You have been given this leaflet because you have been diagnosed with chronic epididymitis. The aim of the leaflet is to provide you with detailed information about the condition.

We have consulted specialist surgeons during its preparation, so it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:
http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Chronic epididymitis.pdf

What is the epididymis?

Behind each testis lies a tubular structure called the **epididymis**. Sperms produced by the testis pass through tiny channels into the epididymis where they are stored. Their motility (ability to move) is enhanced by chemicals produced within the epididymis.



If you hold your testis between your fingers, you should be able to feel the epididymis as a ridge behind it. It is most prominent at the top and bottom of the testis (the head & tail of the epididymis).

What is chronic epididymitis?

This is an uncomfortable swelling of all or part of the epididymis. In some patients, a clear infection is the cause but this is uncommon. In most patients, we never find any infection and the cause remains unknown. The problem is called "chronic" because it comes and goes over a long time.

Is it the same as acute epididymitis?

No. Acute epididymitis is a different condition, which can affect your testis as well (epididymo-orchitis). It is usually due to infection with bacteria and can cause a lot of pain and swelling. It may even result in emergency

admission to hospital. It needs to be treated with antibiotics for four to six weeks.

Most patients need further investigations to find the cause of acute infection. A full course of treatment is essential because incomplete treatment can cause the infection to become chronic.

What are the symptoms of chronic epididymitis?

The commonest symptom is a low-grade ache in one testicle. It can be difficult to locate the discomfort precisely. The pain often radiates (spreads) into your scrotum, groin, thigh and lower back. Sitting for prolonged periods of time may make it worse. If you have a genuine infection, you may also notice an alteration in the colour or consistency of your semen.

In a few patients, the inflammation also affects your prostate gland. This can cause discomfort in the groins, perineum (the area between the scrotum and anus) or thighs, and may affect your ability to pass urine.

What tests will be done?

Your GP or urologist will listen to your symptoms and examine you. Most tests are unnecessary but an ultrasound scan of the scrotum may be arranged if you do have an underlying testicular lump. We rarely test your semen for bacteria because it does not help in diagnosis or treatment.

What can be done about chronic epididymitis?

If you have a definite infection, you will be given an appropriate antibiotic (doxycycline, co-amoxiclav, ofloxacin or trimethoprim). Most patients do not need antibiotics and respond to treatment with anti-inflammatory drugs.

The most effective of these is **ibuprofen**, which you can buy in chemists or supermarkets. You should take 400 mg three times daily and continue this for a minimum of 14 days. If you develop heartburn or indigestion whilst taking these tablets, you should take an antacid. You should not take anti-inflammatory drugs if you have a history of stomach ulceration, or if you have asthma.

You may find that supportive underwear helps relieve your discomfort. You cannot transmit this condition to your sexual partner unless there is a proven infection. If you do have an infection, there is no risk to your sexual partner(s) once antibiotics have removed the infection.

Will this treatment cure my chronic epididymitis?

Unfortunately, not always.

Some patients may only have a single, brief episode of pain, but many patients have recurrent symptoms over months or even years. If you take anti-inflammatory drugs at an early stage, this can prevent progression of your symptoms. It is always worth keeping a supply of anti-inflammatory tablets close at hand, especially if you are away from home. Early treatment will lessen the discomfort you experience, and may reduce the length of time that you have symptoms.

In many patients, stronger painkillers are needed and you may need referral to your local pain management specialists. Here, you may be given drugs which suppress activity in the nerve fibres that carry pain impulses to your spinal cord and brain. These may include:

- amitryptiline (Tryptizol™);
- gabapentin (Neurontin™); and
- pregabalin (Lyrica™).

You will be counselled on the use of these medications and you should read their accompanying leaflets before taking the medication.

If all medical treatments fail and your pain is bothersome, you may be advised to have an epididymectomy (surgery to remove your epididymis).

What sources were used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

NHS hospitals have local arrangements with their Clinical Commissioning Groups (CCGs) about which medicines can be prescribed. As a result, some drugs mentioned cannot be prescribed by local hospitals.

Your treatment will be planned with the doctors responsible for your care, considering not only which drugs are, or are not, available at your local hospital but also what is necessary to give you the best quality of care.

Healthcare professionals are advised to check prescribing arrangements with their local hospital or CCG.

This leaflet also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

Disclaimer

We have made every effort to give accurate information in this leaflet, but there may still be errors or omissions. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.