# Antibiotic Guideline for Urological Indications: Epididymo-orchitis

## Title
Antibiotic Guideline for Urological Indications: Epididymo-orchitis

## Author's job title
- Consultant Medical Microbiologist
- Consultant Urologist
- Consultant in Genito-urinary Medicine
- Consultant in Genito-urinary Medicine
- Antibiotic Pharmacist

## Directorate
- Diagnostics

## Department
- Pathology

## Version | Date Issued | Status | Comment / Changes / Approval
--- | --- | --- | ---
0.1 | Nov 2015 | Draft | Supersedes antibiotic guidelines for urological indications in secondary care v1.3. Guidelines split by sub-specialty. Treatment pathway inserted, new trust template used. Submitted to AWG

0.2 | Nov 2015 | Revision | Treatment pathway amended to clarify ceftriaxone and oral options

0.3 | Jan 2016 | Revision | Exeter contact details inserted in flowchart for MIUs nearer to Exeter who need to refer.

1.0 | Feb 2016 | Final | Submitted to DTC for approval


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## Lead Director
Director of Medicine

## Superseded Documents
Antibiotic Guidelines for Urological Indications: Epi-didymo-orchitis v1.0

## Issue Date
Jun 2019

## Review Date
Jun 2022

## Review Cycle
Three years

## Consulted with the following stakeholders:
- GUM
- Urology
- Antibiotic Working Group
- Drugs and Therapeutics Committee

## Approval and Review Process
- Drugs and Therapeutics Committee

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1. **Purpose**

1.1. This document sets out Northern Devon Healthcare NHS Trust’s best practice guidelines for appropriate microbiological investigation and antimicrobial prescribing in adult patients with epididymo-orchitis infection.

1.2. This guideline applies to all adults and must be adhered to. Non-compliance with this guideline may be for valid clinical reasons only. The reason for non-compliance must be documented clearly in the patient’s notes. This guideline is primarily aimed at all prescribing teams but other staff (e.g. nursing staff, pharmacists) may need to familiarise themselves with some aspects of the guideline.

1.3. Implementation of this guideline will:

- Set a standard of care for less common diseases to facilitate a consistent approach between genito-urinary medicine, urology, microbiology and pharmacy in terms of patient management, specimen processing and drug availability.

1.4. See separate guideline for paediatric patients.

2. **Definitions**

**Epididymo-orchitis**

2.1. Inflammation of the epididymis and/or testis, usually due to infection, most commonly from a urinary pathogen or a sexually transmitted infection.

**Testicular Torsion**

2.2. Testicular torsion occurs more frequently in younger patients and is a urological emergency. The spermatic cord structures twist, resulting in a subsequent loss of the blood supply to the ipsilateral testicle. Early diagnosis and treatment are vital to saving the testicle and preserving fertility.

**MC&S**

2.3. Microscopy, culture & sensitivity,

**GC**

2.4. Gonorrhoea, chlamydia,

**GUM**

2.5. Genito-urinary medicine
NAAT

2.6. Nucleic acid amplification test

3. Responsibilities

3.1. Responsibility for education and training lies with the Lead Consultant Microbiologist for Antibiotic Stewardship. It will be provided through formal study days and informal training on the ward.

3.2. The author will be responsible for ensuring the guidelines are reviewed and revisions approved by the Drug and Therapeutics Group in accordance with the Document Control Report.

3.3. All versions of these guidelines will be archived in electronic format by the author within the Antibiotic Stewardship policy archive.

3.4. Any revisions to the final document will be recorded on the Document Control Report.

3.5. To obtain a copy of the archived guidelines, contact should be made with the author. Contact numbers:

3.6. Microbiologist Bleep 193. Via switchboard out of hours.

Antibiotic Pharmacist Bleep 029 (weekdays)

Urology on call - via general surgery on call Bleep 333

Dr Elizabeth Claydon (GUM Barnstaple) via GU clinic reception 01271 341 562

Dr Sophia Davies or Dr Jack Shaw (GUM Exeter) via Clinic Secretaries 01392 284966

3.7. Monitoring of implementation, effectiveness and compliance with these guidelines will be the responsibility of the Lead Clinician for Antibiotic Stewardship. Where non-compliance is found, the reasons for this must have been documented in the patient’s medical notes.

Role of Antibiotic Working Group (AWG)

3.8. The AWG is responsible for:

- Leading antibiotic guideline development and review within Northern Devon Healthcare Trust
- Involving all relevant stakeholders in guideline development and review
4. References


5. Management of epididymo-orchitis

5.1. See appendix 1

6. Monitoring Compliance with and the Effectiveness of the Policy

Suggested audit criteria

6.1. The following could be used:

- Percentage of patients with appropriate microbiological specimens sent

Process for Implementation and Monitoring Compliance and Effectiveness

6.2. Incidents involving urological infection should be reported according to the Trust’s Incident Reporting Policy. Critical incident reports relating to urological infection will be collated by the Antibiotic Pharmacist. Results will be reported on an annual basis to the Drug and Therapeutics Group.

7. Equality Impact Assessment

7.1. The author must include the Equality Impact Assessment Table and identify whether the policy has a positive or negative impact on any of the groups listed. The Author must make comment on how the policy makes this impact.

Table 1: Equality impact Assessment

<table>
<thead>
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<th>Group</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
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8. **References**

- BASSH

9. **Associated Documentation**

- Antimicrobial prescribing policy
- BNF
Appendix 1 – Management of Epididymo-orchitis

Patient presents with acute scrotal pain

• Exclude torsion
• Exclude need for admission & in-patient treatment (Urosepsis)

During working hours (09.00 – 17.00 Mon – Friday)
AND
If STI considered likely (young, high risk sexual history, purulent urethral discharge, dysuria)

• Refer straight to GUM clinic Devon Sexual Health
(Barnstaple appointments reception tel: 01271 341 562, or Exeter clinic secretaries tel: 01392 284 966)
• Ask patient not to pass urine until they get to GUM clinic

After hours
AND/OR
STI considered unlikely (recent urinary procedure, dipstick +ve for leuc & nitrite, indwelling urethral catheter)

• If any purulent discharge – charcoal swab of discharge for Gonorrhoea C&S
• Consider mumps if recent parotitis, send serum for save
• For all patients
  • First pass urine (catheter specimen in catheterised patients) in white topped bottle for
    • MC&S
    • Gonorrhoea & Chlamydia NAAT
  • MARK on pathology specimen form – Epididymo-orchitis
  • Give advice leaflet, discuss scrotal elevation, sexual abstinence and rest with patient (sick note)

Do not start antibiotics until appropriate investigations have been sent

• First line - Ofloxacin 400mg BD PO for 2 weeks (unsuitable for use in patients with history of: tendonitis, epilepsy/fits, serious psychiatric disorders)
• Second line - If allergic or contraindication to Ofloxacin: Ceftriaxone 2g IV (if patient has IV cannula or is febrile), or 1g IM (with 4ml lignocaine 1%) in outpatient clinic (single dose).
  Oral antibiotics should commence the same day.
  If no culture results available, then choose therapy based on likely pathogen: use either Trimethoprim 200mg BD PO for 14 days if felt gram negative cause likely or Doxycycline 100mg BD PO for 14 days if chlamydia felt likely

Follow up (in all cases where patient has not been referred to GUM)

• GP follow up in 3 days to ensure symptom resolution & check culture results
• Microbiology to flag up positive results to GP, A&E as appropriate (positive GC for GUM referral, positive Uropathogen for Urology referral)