**GUIDELINES FOR MANAGEMENT OF ACUTE EPIDIDYMO ORCHITIS**

Possible epididymo orchitis

Exclude torsion

If in doubt urgent surgical exploration

History: including age, sexual hx, preceding LUTS/UTI/instrumentation

Examination: urethral discharge/abdo/DRE/dipstick

Investigations (all patients):
- Urethral swab (orange top not ordinary black top) for *Neisseria gonorrhoea* culture
- 1st catch urine (Chlamydia urine kit) - for *Chlamydia trachomatis* and *N. gonorrhoea* PCR
- MSU (borate pot)

NB: MUST SPECIFY EPIDIDYMO ORCHITIS ON FORM

Treatment:
- If well: ofloxacin 200mg bd for 14 days, analgesia
  - Home when comfortable
- If unwell/septic: iv gentamicin/augmentin, analgesia
  - Admit.

NB: OFLOXACIN CONTRAINDICATED IF PREVIOUS HISTORY OF PSYCHOSIS/CONVULSIONS/TENDON RUPTURE. IN THESE SITUATIONS DISCUSS CHOICE OF ABX WITH MICRO.

Follow up:
- High risk STI (Age < 40, sexual history: urethral discharge, new partner in last 3m / >2 partners in the last 12m):
  - Abstain from intercourse. Patient and partner/contacts to be seen at GU clinic.
- Low risk STI (Age > 40, preceding LUTS/UTI/instrumentation):
  - Outpatient USS renal tract, OSPIC, Urology OPA 6/52