Patient Education: Epididymitis/Orchitis

Epididymitis is an inflammation of the coiled tube (epididymis) at the back of the testicle that stores and carries sperm. Males of any age can get epididymitis. Epididymitis is most often caused by a bacterial infection, including sexually transmitted diseases (STDs), such as Gonorrhea or chlamydia. Sometimes, a testicle also may become inflamed — a condition called epididymo-orchitis.

Signs and symptoms of epididymitis might include:
- A swollen, red or warm scrotum
- Testicle pain and tenderness, usually on one side
- Painful urination or an urgent or frequent need to urinate
- Discharge from the penis
- Painful intercourse or ejaculation
- A lump on the testicle
- Enlarged lymph nodes in the groin
- Pain or discomfort in the lower abdomen or pelvic area
- Blood in the semen
- Less commonly, fever

Chronic epididymitis
Epididymitis that lasts longer than six weeks or that recurs is considered chronic. Symptoms of chronic epididymitis might come on gradually. Sometimes the cause of chronic epididymitis is not identified.

- **STDs.** Gonorrhea and chlamydia are the most common causes of epididymitis in young, sexually active men.
- **Other infections.** For boys and men who aren't sexually active, epididymitis can be caused by a non-sexually transmitted bacterial infection. In boys and men with urinary tract or prostate infections, bacteria might spread from the infected site to the epididymis.
- **Amiodarone (Pacerone).** This heart medication can cause inflammation of the epididymis.
- **Urine in the epididymis (chemical epididymitis).** This condition occurs when urine flows backward into the epididymis, possibly because of heavy lifting or straining.
- **Trauma.** A groin injury can cause epididymitis.
- **Tuberculosis.** Rarely, epididymitis can be caused by tuberculosis infection.

Certain sexual behaviors that can lead to STDs put you at risk of sexually transmitted epididymitis, including having:
- Sex with a partner who has an STD
- Sex without a condom
- A personal history of STD

Risk factors for non-sexually transmitted epididymitis include:
- History of prostate or urinary tract infections
- History of medical procedures that affect the urinary tract, such as insertion of a urinary catheter or scope into the penis
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- An uncircumcised penis or an anatomical abnormality of the urinary tract
- Prostate enlargement, which increases the risk of bladder infections and epididymitis.

Untreated, epididymitis can become chronic. Other complications include:
- Pus-filled infection (abscess) in the scrotum
- Epididymo-orchitis, if the condition spreads from your epididymis to your testicle
- Rarely, reduced fertility

Antibiotics are needed to treat only bacterial epididymitis and epididymo-orchitis. If the cause of the bacterial infection is an STD, your sexual partner also needs treatment. Be sure to take the entire course of antibiotics prescribed by your doctor, even if your symptoms clear up sooner, to ensure that the infection is gone. It might take several weeks for the tenderness to disappear. Resting, supporting the scrotum with an athletic strap, applying ice packs and taking pain medication can help relieve discomfort. Your doctor is likely to recommend a follow-up visit to check that the infection has completely cleared up. If it hasn't, your doctor might prescribe another antibiotic. However, for most people epididymitis clears up within three months.

Epididymitis is relatively common in preadolescent boys and might not always need treatment with antibiotics.

Surgery
If an abscess has formed, you might need surgery to drain it. Rarely, all or part of the epididymis needs to be removed surgically (epididymectomy). Surgery might also be considered if epididymitis is due to underlying physical abnormalities.

Epididymitis usually involves considerable pain. To ease your discomfort:
- Rest in bed
- Lie down so that your scrotum is elevated
- Apply cold packs to your scrotum as tolerated
- Wear an athletic supporter
- Avoid lifting heavy objects
- Avoid sexual intercourse until your infection has cleared