

## Expected Practices

Specialty: Urology

Subject: Epididymitis

Date: September 15, 2014

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**Purpose:**

To provide clinical guidance in the assessment and treatment of Epididymitis

**Target Audience:**

Primary Care Providers (PCPs)

**Expected Practice:**

- **Physical Exam** – Examine the epididymis to determine if it is enlarged and tender. In more severe cases the epididymis and testis are both involved in the process and both are enlarged and tender. Also examine the prostate to rule out prostatitis (very tender prostate).
- **U/A, urine culture** – Often negative in the setting of epididymitis but should still be performed.
- **Scrotal US** – This study rules out testis cancer, by objectively documenting enlargement of the epididymis. It can rule out an abscess in complicated cases, and, when combined with an arterial flow study of the testes, can rule out torsion. In routine uncomplicated epididymitis a scrotal US is not mandatory at the initial visit prior to initiating therapy.

**Per CDC guidelines (2010), if outpatient treatment appropriate, treat empirically:**

- If patient < 35 years old:

Ceftriaxone 250 mg IM in a single dose PLUS Doxycycline 100 mg orally twice a day for 10 days.

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

• If patient > 35 years old and no suspicion of sexually transmitted infection then epididymitis most likely caused by enteric organisms:

Levofloxacin 500 mg orally once daily for 10 days (beware of possibility of tendonitis with quinolone treatment).

**Follow-up in Primary Care:**

- Perform a follow-up phone call in 48 to 72 hours to confirm symptoms stable or improving.
- Reexamine patient in 1 month.
- Note - often some swelling can persist after one month. If fever or chills develop, consider urgent evaluation and treatment.
- **If symptoms worsen or do not resolve then contact Urology resident on call** for further recommendations. Differential diagnosis includes tumor, abscess, infarction, testicular cancer, TB, and fungal epididymitis.