

## Blood in Urine or Ejaculate

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Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

When experiencing blood in the urine or ejaculate several times, a cystoscopy (or cystourethroscopy) can be performed to identify the culprit. In the meantime, I did save to my files the report of a brachytherapy seed implant patient who, five years after the implant, experienced blood in his ejaculate. When he checked with the Seattle Cancer Institute he was informed that the blood vessels in the vicinity of the prostate remain functional after brachytherapy, but that they were affected by the radiation and have become somewhat fragile. And it can be that fragility that can contribute to blood being found in the ejaculate, so I would think could also being found to accompany urine flow. With more significant, visible blood, I would expect some urinary tract infection as well as possible scar tissue that (through this "fragility?") may be contributing to such a problem. Not sure if related as to therapy, but I know of patients with significant radiation issues being administered hyperbaric treatment to heal tissue damage. Worth asking one's physician to consider.

I found this interesting explanation in a variety of reasons for more significant blood in the urine: ".....visible blood indicates damage to the lower tract (ureters, bladder, or urethra). But this is not always the case." If a cystoscopy is unable to identify urinary tract or bladder infection, the kidney's should also be examined since kidney problems can also result in visible blood via urinating. Found this in this URL that is worth a (lengthy) read:

[http://www.emedicinehealth.com/blood\\_in\\_the\\_urine/page2\\_em.htm](http://www.emedicinehealth.com/blood_in_the_urine/page2_em.htm)

Here's some other info I've saved to my folders....don't mean to alarm anyone, but rather to provide you the multitude of considerations that could be the reason for more continual blood in the urine and/or ejaculate:

Blood or Blood Clots in Urine:

I would suggest a visit with your urologist. You may just be experiencing a urinary infection. The following makes suggestions as well as some things to look for that might have precipitated this occurrence.

Blood in the urine should never be ignored!

Blood in the urine is usually caused by kidney and urinary tract diseases. However, there are a couple of exceptions:

In men, the urethra carries both urine and semen out of the body and what may be mistaken for urinary bleeding is sometimes a bloody ejaculation usually due to a prostate problem.

Some other causes:

Dark or reddish urine caused by the rupture of small blood vessels in the bladder (or, less commonly, the kidney) as a result of the jarring motion of running. If no serious problem exists, runner's hematuria can often be prevented by running with a small amount of urine in the bladder (that is, don't "go" right before you run). This helps separate the bladder walls and prevents contusions. Also, avoid using high doses of aspirin or other anti-inflammatory drugs, as these medications have a blood-thinning effect and may exacerbate your problem.

Since blood in the urine may stem from other causes, such as kidney stones, a tumor or a bladder infection, any runner who is passing urinary blood should be evaluated by a sports-oriented physician. To make diagnosis easier, arrange for an appointment immediately after a workout, when you are actively bleeding.

Alternate Names: Blood in the Urine, Hematuria

Bloody or Dark Urine: Common Causes:

Kidney stone

Bladder stones that lodge in the urethra

Benign familial hematuria  
Chronic or recurrent urinary tract infection  
Cystitis  
Pyelonephritis  
Urethritis  
IgA nephropathy  
Sickle cell disease  
Coagulation disorders (including hemophilia)  
Thrombocytopenia  
Renal Vein thrombosis  
Systemic lupus erythematosus  
Hemolytic-uremic syndrome  
Anaphylactoid (Henoch-Schonlein) purpura  
Polycystic kidney disease  
Congenital anomalies of the urinary tract or blood vessels  
Tumors of the urinary tract  
Glomerulonephritis  
Bladder tumor  
Kidney tumor  
Enlarged and infected prostate (prostatitis)  
Post-streptococcal GN  
Urethral ulceration  
Hypercalciuria (increased amounts of calcium in the urine)  
Distal renal tubular acidosis  
Use of diuretics, "water pills"  
Hyperparathyroidism  
Hypothyroidism  
Hypercalcemia  
Hypertension  
Juvenile rheumatoid arthritis  
Medullary cystic disease  
Metabolic acidosis  
Neoplasm  
Sarcoidosis  
Acute tubular necrosis  
"Hardening" of the urinary opening (meatal stenosis)  
Trauma  
Fracture of the pelvis  
Renal contusion (bruised kidney)  
Renal fracture ("broken" or torn kidney)

Urethral trauma

Surgical procedures, including catheterization, circumcision, surgery, and renal biopsy

Drugs

Anticoagulants

Cyclophosphamide

Metyrosine

Oxyphenbutazone

Phenylbutazone

Thiabendazole

Bloody or Dark Urine: Home Care & Treatment:

Follow prescribed therapy to treat the underlying cause.

Drink lots of fluids, unless it is difficult to breathe, or unless the ankles are swollen. Cranberry juice might also be effective, but the evidence is conflicting.

Call your Health Care Provider if:

There is blood in the urine. This should never be ignored!

Bleeding recurs.

Passing blood clots.

Unable to urinate.

Medical history questions documenting dark or bloody urine in detail may include:

Time pattern

When did the urine become dark or bloody?

Did it occur suddenly?

Quality

What color is the urine?

Is there any pain associated with urination?

Is it consistently the same color throughout the day?

Is the quantity of urine per day decreased or increased?

Is any blood visible?

Is there an odor?

Aggravating factors

Are medications being used that could cause this change in color?

Have foods been eaten that could cause this change in color (such as colored candy, beets, berries, rhubarb)?

Relieving factors

Does a change in diet change the color of the urine?

Does a change in medication change the color of the urine? (Note: NEVER change medications without first consulting your health care provider.)

Other:

What other symptoms are also present?

Is there pain when urinating?

Is there pain in the abdomen?

Is there back pain?

Is there a fever?

Has there been a decreased fluid intake or decreased thirst?

Has there been a decreased appetite?

Is there nausea, vomiting, or diarrhea?

What medications are being taken?

Have you had previous urinary problems or kidney problems?

Do you have any allergies?

Have you had previous similar symptoms?

Has there been a recent injury?

Has there been any recent diagnostic or surgical procedures involving the urinary tract?

Has there been a change in sexual activities?

A physical examination will be performed, and vital signs (temperature, pulse, rate of breathing, blood pressure) may be monitored. With a pre-existing kidney infection, a more detailed history and physical are needed. Extra laboratory studies may be necessary. In women with a discharge, an examination of the vagina and any discharge is usually necessary.

Diagnostic tests that may be performed include:

Blood studies such as a CBC, blood differential, C3, and creatinine

Urinalysis

Urine culture

24-hr urine collection for creatinine, protein, calcium

Tests for strep

Tests for lupus

Tests for sickle cell, bleeding problems, and other blood disorders.

Cystoscopy

Kidney biopsy

X-rays of the kidneys

IVP

Abdominal ultrasound

CT scan of the abdomen

Treatment:

The treatment will depend on the cause of the blood in the urine.

If urinary tract infection is confirmed, antibiotics may be prescribed. If appropriate, pain medications will be administered.