

Blood in Urine or Ejaculate

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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 be 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. Herb Klein, a man involved in nuclear medicine and a PC survivor, suggested argon laser photocoagulation performed by an expert in the procedure that stopped this problem that had been a nuisance for him. Anything Herb recommends is certainly worth investigating.

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

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.