CONDITION

Urethritis

Urethritis is inflammation of the tube that carries urine out of the body.

WHAT IT IS
Inflammation of the tube carrying urine out of the body

BODY SYSTEM
Urinary and reproductive systems

MAIN SYMPTOMS
Burning urination, urethral discharge, itching, penile tip soreness

WHAT CAUSES IT
Usually infection; sometimes chemical or mechanical irritation

HOW IT IS DIAGNOSED
Urine or swab tests, sometimes microscopy

MAIN TREATMENT
Cause-specific antibiotics and avoiding irritation

CAN IT BE CURED?
Sometimes - bacterial cases usually clear with treatment

IS IT AN EMERGENCY?
Sometimes - severe testicle or lower abdominal pain

LONG-TERM OUTLOOK
Usually full recovery, though reinfection can occur

Overview

Urethritis is inflammation of the urethra. The urethra is the tube that carries urine from the bladder to the outside of the body.

The condition can affect anyone with a urethra. It often causes burning when you urinate or fluid coming from the urethra. Some people have mild symptoms or none at all.

Urethritis is commonly caused by a sexually transmitted infection, or STI. Chlamydia and gonorrhoea are important causes. Other infections and non-infectious irritation can also inflame the urethra.

Finding the cause matters because treatment is not the same for every infection. Testing can also help prevent an infection from being passed to sexual partners. Most bacterial cases respond well to the correct antibiotics like amoxicillin or doxycycline .

Symptoms

Symptoms may begin within days or weeks of exposure to an infection. The timing differs between causes, and some infections remain unnoticed for longer.

Common symptoms include:

Symptoms may be more noticeable in people with a penis because urethral discharge is easier to see. People with a vulva may have mild urinary discomfort without obvious discharge. Symptoms can also overlap with a bladder infection, vaginal infection or inflammation of the cervix.

There may be additional symptoms linked to the cause. For example, herpes can cause painful blisters or ulcers. An infection involving the testicle or the coiled tube behind it may cause scrotal pain or swelling.

Having no symptoms does not rule out urethritis or an STI. A person can carry and pass on chlamydia, gonorrhoea or another infection without knowing it.

- Burning, stinging or pain when urinating
- White, cloudy, yellow or green discharge from the urethra
- Itching, irritation or soreness inside the urethra
- Tenderness or irritation at the tip of the penis
- Needing to urinate more often than usual

Causes and risk factors

Urethritis is often divided into gonococcal urethritis, caused by gonorrhoea, and non-gonococcal urethritis, meaning gonorrhoea has not been found.

Common infectious causes include:

Routine tests do not always identify a specific germ. This does not mean that the symptoms are not real. It may mean that the cause is not covered by standard testing or that inflammation remains after an infection has begun to clear.

Urethritis can also have a non-infectious cause. Possible triggers include friction, an injury, a urinary catheter or another instrument passed into the urethra. Scented products, spermicides and other chemicals may cause irritation in some people.

The chance of infection-related urethritis is higher after vaginal, anal or oral sex without a condom or other barrier. Other risk factors include a new sexual partner, multiple partners, a

recent STI or a partner who has an STI. These factors do not confirm that you have urethritis.

- Chlamydia trachomatis , the bacterium that causes chlamydia
- Neisseria gonorrhoeae , the bacterium that causes gonorrhoea
- Mycoplasma genitalium , sometimes called Mgen
- Trichomonas vaginalis , a parasite that causes trichomoniasis
- Herpes simplex virus and, less often, adenovirus

Diagnosis

A healthcare professional will ask about your symptoms, when they began, recent sexual contact and any products or procedures that might have irritated the urethra. These questions help decide which tests are useful. You can ask for a private and confidential conversation.

A urine sample is commonly used. You may be asked not to urinate for a short time beforehand and to collect the first part of the urine stream. This sample can be tested for genetic material from chlamydia and gonorrhoea using a nucleic acid amplification test, often shortened to NAAT.

A small swab may be taken from the opening of the urethra, particularly if there is visible discharge. Depending on your sexual contact, swabs from the throat, vagina, cervix or rectum may also be appropriate. A microscope can sometimes show white blood cells, which are evidence of inflammation.

Testing may include Mycoplasma genitalium or trichomoniasis, especially when symptoms continue or return. Blood tests for HIV and syphilis are commonly offered when an STI is possible because these infections can occur together.

A standard urine test can help look for a bladder infection. However, a routine urine culture does not replace specific STI testing.

Treatment and management

Treatment is based on the likely or confirmed cause. If testing shows a bacterial STI, antibiotics are used. Gonorrhoea, chlamydia and Mycoplasma genitalium require different antibiotic approaches, so one treatment does not cover every possible cause.

Treatment may begin before all results are available if there is clear inflammation or a significant chance of an STI. The choice can be adjusted when the results return. Complete the

treatment as directed, even if symptoms improve sooner. Do not use leftover antibiotics or someone else's medication.

Antibiotic resistance is an important concern with gonorrhoea and Mycoplasma genitalium . Persistent symptoms should be reassessed rather than treated repeatedly without testing.

If irritation rather than infection is responsible, management focuses on removing the trigger and allowing the urethra to recover. This might include avoiding a suspected scented product or preventing further mechanical irritation.

If an STI is found, recent sexual partners may need testing and treatment even when they feel well. This helps protect their health and reduces the chance of passing the infection back to you.

Avoid sexual contact, including oral sex, until you have completed the advised treatment period, symptoms have settled and relevant partners have been treated. Follow the specific waiting instructions given with your treatment.

Routine follow-up may involve checking your results and confirming that partners have been notified. Repeat testing after treatment is often advised for chlamydia or gonorrhoea because reinfection is common. Some infections require a later test to check whether treatment worked.

Complications

Most treated cases settle without lasting problems. Complications are more likely when an infection is not recognised, treatment is delayed or reinfection occurs.

In people with testicles, infection can spread to the epididymis, the coiled tube behind a testicle. This can cause one-sided scrotal pain and swelling. Infection may also involve the prostate, although this is less common.

In people with a uterus, the same STI may infect the cervix and spread to the uterus or fallopian tubes. This is called pelvic inflammatory disease. It can increase the risk of long-term pelvic pain, difficulty becoming pregnant and pregnancy outside the uterus.

A small number of people develop reactive arthritis after certain infections. This causes inflammation in joints and sometimes the eyes. Scarring that narrows the urethra is uncommon but can interfere with urine flow.

Untreated infection can also be passed to sexual partners, including by someone who has no symptoms.

Prevention

Not every case of urethritis can be prevented. Irritation may occur unexpectedly, and an STI can be passed on by someone who does not know they have it.

You can reduce infection risk by using condoms or other barriers correctly during vaginal, anal and oral sex. STI testing is useful after a new exposure, when you change partners or when a partner has received a diagnosis.

If you are treated for an STI, waiting until the advised period has passed and partners have been treated lowers the chance of reinfection. Regular testing may be appropriate if you have ongoing exposure risks.

Avoiding products that have previously caused genital or urethral irritation may prevent another non-infectious episode. Urinating after sex may help some people who are prone to bladder infections, but it does not prevent an STI.

There are currently no routine vaccines that prevent chlamydia, gonorrhoea or Mycoplasma genitalium .

Living with it and what to expect

Symptoms often begin to improve after effective treatment, but irritation may take longer to settle than the infection itself. Mild burning or sensitivity can continue for a short time while inflamed tissue heals.

Most people recover fully and do not have lasting urinary problems. An infection does not provide reliable immunity, so you can catch the same STI again.

If symptoms continue, possible reasons include reinfection, incomplete treatment, antibiotic resistance, an infection that was not included in the first tests or a non-infectious condition. Ongoing symptoms do not automatically mean that more of the same antibiotic is needed.

Follow-up is particularly important if a test result is positive, symptoms do not improve, or you have had sex with an untreated partner. A sexual health clinic can usually arrange testing, treatment and confidential partner notification.

Urethritis can cause anxiety about sex or relationships. A positive STI result does not show exactly when an infection was acquired, because some infections cause no symptoms for a long time. Clear information and shared testing can make conversations with partners easier.

When to get medical help

Arrange a routine appointment with a sexual health clinic or healthcare professional if you have burning when urinating, urethral discharge or persistent irritation. Seek testing if a sexual partner has been diagnosed with an STI, even if you feel well.

Make another appointment if symptoms do not begin to improve after treatment, return later or continue despite negative initial tests. Do not keep taking antibiotics without reassessment.

Seek urgent medical help if you develop:

Sudden severe testicular pain needs prompt assessment because testicular torsion, in which a testicle twists and loses its blood supply, can resemble an infection. It is an emergency even if urethritis has already been suspected.

- Sudden or severe pain in a testicle, with or without swelling
- Significant lower abdominal or pelvic pain, especially with fever
- Fever, vomiting or feeling seriously unwell alongside urinary symptoms
- Inability to pass urine

Common questions

Is urethritis always an STI?

No. STIs are common causes, but friction, chemical irritation, urinary instruments and some non-sexually transmitted infections can also inflame the urethra. Testing is needed to tell these causes apart.

Can urethritis go away without treatment?

Some irritation may settle after its trigger is removed, and symptoms from an infection may sometimes lessen. However, a bacterial infection can remain and still cause complications or spread to a partner. It is safer to be tested rather than wait for symptoms to disappear.

How can I tell urethritis from a urinary tract infection?

Both can cause burning and frequent urination. Urethral discharge is more suggestive of urethritis, while bladder pain, cloudy urine or frequent urgency may occur with a urinary tract infection. Symptoms alone cannot reliably distinguish them, so urine and STI tests may both be needed.

Can I have sex while being treated?

It is best to avoid vaginal, anal and oral sex until treatment is complete, symptoms have settled and relevant partners have been treated. The exact waiting period is linked to the infection and

treatment used.

Can my partner have the infection without symptoms?

Yes. Chlamydia, gonorrhoea and other infections can cause few or no symptoms. A partner may still need testing and treatment to protect their health and prevent reinfection.

Why do I still have symptoms after antibiotics?

Inflammation can take time to settle. Other possibilities include reinfection, resistance, missed doses, a different infection or a non-infectious cause. Persistent symptoms should be reassessed rather than treated repeatedly without further testing.

Sources

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