SYMPTOM

Blood in the semen

Blood in the semen means that semen looks pink, red, brown, or blood-streaked.

WHAT IT FEELS LIKE
Semen looks pink, red, brown, or blood-streaked

WHERE IT IS FELT
Semen from the penis; sometimes the pelvis or testicles

MOST COMMON CAUSES
Temporary inflammation, infection, recent prostate procedures

WHEN IT IS URGENT
Fever with pelvic pain or difficulty passing urine

USUALLY LASTS
Days to weeks, depending on the underlying cause

SEE A DOCTOR IF
Any unexplained episode, especially when repeated or persistent

Overview

Blood in the semen is called haematospermia or hematospermia . It occurs when a small blood vessel bleeds somewhere along the path that produces or carries semen, including the prostate, urethra, glands behind the prostate, or tubes connected to the testicles.

It can look concerning, but it is often temporary and is not usually an emergency by itself. In many cases, no clear cause is found. Your age, other symptoms, recent procedures, and whether the bleeding continues help determine what assessment is needed.

What it may feel or look like

Semen may look pink, bright red, rusty, or brown. Brown semen usually contains older blood. You may notice streaks, spots, or small clots.

There may be no discomfort. Possible symptoms include pain during ejaculation, burning when passing urine, pelvic or groin discomfort, or aching in a testicle.

Blood noticed after sex does not always come from the semen. It may come from the penis, urine, or a partner. If you are unsure, note when and where you see it.

Common causes

Common or temporary causes include inflammation or infection in the prostate, urethra, or nearby glands. Sexually transmitted infections can be responsible, particularly with burning, discharge, or recent exposure.

A prostate biopsy, vasectomy, urinary catheter, or another urinary or reproductive procedure can cause blood in the semen. Your healthcare team should explain how long bleeding may continue afterward.

Minor irritation after vigorous sexual activity may contribute. However, testing often does not identify a specific cause.

Less common causes include stones, cysts, or narrowed areas in the prostate or tubes carrying semen. High blood pressure, liver disease, bleeding conditions, or medicines that affect clotting may increase the likelihood of bleeding.

Tumours of the prostate, testicle, bladder, or nearby tissues are uncommon causes. They are considered more carefully when bleeding persists or recurs, especially after age 40 or alongside blood in the urine, a lump, weight loss, or an abnormal examination.

When to seek medical care

Arrange a routine appointment for unexplained blood in the semen, particularly if it happens more than once, continues for several weeks, or first occurs after age 40. Also seek advice for pain during ejaculation, burning when urinating, genital discharge, a testicular lump, or blood in your urine.

Seek same-day medical care if blood in the semen occurs with:

Seek emergency care for sudden severe testicular pain, especially with swelling or nausea. Get emergency help if you cannot pass urine, have had a major pelvic or genital injury, or have heavy bleeding with weakness, faintness, or dizziness.

Without these features, blood in the semen does not usually require emergency care.

- Fever or chills
- Pelvic, lower abdominal, or testicular pain
- Difficulty passing urine
- Increasing swelling or redness of the scrotum

How the cause is found

A healthcare professional will ask when the bleeding began, how often it occurs, and whether you have urinary symptoms, pain, fever, discharge, or blood elsewhere. Mention recent procedures, injuries, new sexual partners, and medicines or supplements that could affect bleeding.

An examination may include your abdomen, penis, and testicles. A rectal examination may be offered to assess the prostate by gently feeling it through the back passage with a gloved finger.

A urine sample can check for blood or infection. You may be tested for sexually transmitted infections. Blood tests can check blood counts, clotting, kidney or liver function, or signs of infection.

Depending on your age and risk factors, a prostate-specific antigen, or PSA, blood test may be discussed. PSA can rise for several reasons and does not diagnose cancer by itself.

Ultrasound or MRI scans are not always needed after one short-lived episode. They may be considered if bleeding persists, returns, or accompanies abnormal examination or test results. Blood in the urine may require separate checks of the bladder and urinary tract.

Treatment and self-care

Treatment depends on the suspected cause. Many isolated episodes settle without treatment. A bacterial infection may need antibiotics like amoxicillin or doxycycline , while a sexually transmitted infection requires specific testing and treatment.

Do not take leftover antibiotics, as they may not treat the cause and can affect test results. Do not stop prescribed blood-thinning medicine unless the clinician managing it tells you to.

While arranging assessment, record the colour, number of episodes, pain, fever, urinary symptoms, and recent procedures. If ejaculation is uncomfortable, pause sexual activity until the pain settles or you have been assessed.

If an infection may have been passed through sex, avoid sex or use condoms until testing is complete and you have received advice about treatment and partners.

After a biopsy or another procedure, follow your healthcare team's recovery instructions.

What to expect

A single episode often clears within days or weeks. Semen may change from red to brown as older blood leaves the reproductive tract.

Repeated episodes do not automatically mean there is a serious condition, but they may need more detailed assessment, particularly if you are over 40 or have other symptoms.

If initial tests are reassuring but bleeding continues, your clinician may arrange imaging or refer you to a urologist, who specialises in the urinary and male reproductive systems.

Common questions

Can blood in semen affect fertility?

A brief episode does not usually affect fertility. An infection, blockage, or another underlying condition could affect reproductive health, so persistent symptoms should be assessed.

Can it be passed to a partner?

The blood itself is not contagious, but an infection causing it might be passed during sex. Consider testing if you have discharge, burning, sores, or possible exposure to a sexually transmitted infection.

Is brown semen still blood?

It can be. Blood becomes darker or brown as it ages. Seek medical advice if the change continues, returns, or occurs with other symptoms.

Should I avoid ejaculation?

There is usually no need if ejaculation is comfortable. Pause if it causes pain or heavier bleeding, and seek advice if symptoms continue.

Could the blood be in my urine instead?

Yes. Blood from the urinary tract may be noticed around ejaculation. Report visible blood in urine because it may require a separate urinary tract assessment.

Sources

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