

# Non-gonococcal urethritis

Looking after **your** sexual health

# Non-gonococcal urethritis

Urethritis is inflammation (pain, redness or soreness) of the urethra (the tube that carries urine out of the body).

Non-gonococcal urethritis (NGU) means the inflammation hasn't been caused by the sexually transmitted infection gonorrhoea, which is a common cause of urethritis.

If the cause of the inflammation is unknown, it's sometimes called non-specific urethritis (NSU).

NGU only occurs in people with a penis. It's very common and is usually easy to treat.

This booklet gives you information about NGU, what you can do if you're worried you might have it and advice on how to protect yourself and your partners.

## What causes non-gonococcal urethritis?

There are many different causes, including infections that are passed on through having sex. If you have non-gonococcal urethritis (NGU) there may be more than one cause. Sometimes a cause is never found.

If you have symptoms, such as discharge from the urethra and pain when you pass urine, or signs of inflammation (pain, redness or soreness) in your urethra you may be told you have urethritis before the cause is known.

You'll be tested for sexually transmitted infections and may also be tested for urinary tract infections to try and find the cause of the inflammation. You may have to wait for the results.

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Causes of NGU include:

### **Sexually transmitted infections**

- Chlamydia is the most commonly diagnosed cause of non-gonococcal urethritis.
- Bacteria (tiny living cells) called *Mycoplasma genitalium* are also a common cause of non-gonococcal urethritis.
- Genital herpes and trichomonas vaginalis are less common causes.

### **Other organisms**

- Bacteria (tiny living cells) that cause infection in the urinary tract (kidneys, bladder and urethra) or the prostate gland can lead to inflammation of the urethra (urethritis).

### **Damage to the urethra**

NGU might sometimes be caused by friction during vigorous sex or masturbation, or by getting irritants like soap into the urethra.

## **How's non-gonococcal urethritis passed on sexually?**

During unprotected (without a condom) vaginal, anal or oral sex, organisms (tiny living cells) which cause inflammation can pass into the urethra (tube that carries urine out of the body).

NGU can occur in anyone who has a penis and is sexually active, although not all cases are caused by having sex.

You can't get NGU from kissing, hugging, sharing baths or towels or from toilet seats.

## **What are the signs and symptoms?**

Not everyone who has non-gonococcal urethritis (NGU) has signs or symptoms, or they may be so mild they're not noticed.

If signs and symptoms caused by an infection occur, they usually show up within 2–4 weeks after contact with the infection but may occur sooner or later than this. If you do get signs and symptoms you might notice:

- a white or cloudy discharge from the tip of the penis, often more noticeable first thing in the morning
- pain or a burning sensation when passing urine
- occasionally you can get the feeling that you need to pass urine frequently
- itching or irritation at the end of the urethra.

Depending on the cause of the inflammation there may also be other symptoms.

## **How will I know if I have non-gonococcal urethritis?**

You can only be certain if you have a test. Because the inflammation can be caused by sexually transmitted infections (STIs), it's recommended to be tested for STIs if:

- you have, or think you might have, symptoms
- you've recently had unprotected sex with a new partner
- you or a partner have had unprotected sex with other partners
- a sexual partner tells you they have an STI.

## How soon after sex can I have a test?

It's important that you don't delay getting a test if you think you may have an infection. You can have a test even if you haven't got symptoms.

It's possible to be tested for signs of inflammation within a few days of having sex, but it may be necessary to wait up to two weeks before you can do a test to check for infections such as chlamydia.

Routine testing for *Mycoplasma genitalium* (bacteria that can cause non-gonococcal urethritis) isn't currently widely available in the UK but may be offered at some clinics, particularly to people with persistent non-gonococcal urethritis.

## What does the test involve?

Your penis will be examined for signs of inflammation and you'll be tested for chlamydia and gonorrhoea.

The tests may involve a doctor or nurse:

- using a swab to collect a sample from the entrance of the urethra at the tip of the penis
- asking you to give a urine sample
- examining your penis.

A swab looks like a cotton bud, but is smaller and rounded. It sometimes has a small plastic loop on the end rather than a cotton tip. It's wiped over the parts of the body that could be affected and easily picks up samples of discharge and cells. It only takes a few seconds and isn't usually painful, though it may be uncomfortable for a moment.

It may be possible to look at your swab sample under a microscope straight away and give you the result before you leave the clinic or surgery.

You may be able to get some other test results

straight away or you may have to wait 1–2 weeks to find out if the urethritis is being caused by a sexually transmitted infection or an infection in the urinary tract.

If you have signs and symptoms but the test doesn't confirm NGU you may be asked not to urinate overnight and come back to be tested again.

Routine blood tests don't detect NGU. If you're not sure whether you've been tested, just ask.

## How accurate are the tests?

You may be tested for various causes of non-gonococcal urethritis, and these tests have different levels of accuracy.

The accuracy can depend on the skill of the person doing the test and how long ago you last passed urine. You'll usually be advised not to urinate for at least two hours before a test so that it's as accurate as possible.

## Where can I get a test?

There are a number of services you can go to. Choose the one you feel most comfortable with. A test can be done at:

- a genitourinary medicine (GUM) or sexual health clinic
- some general practices
- some contraception and young people's clinics.

In many areas, free home self-sampling tests are available for chlamydia and gonorrhoea.

If tests for chlamydia and gonorrhoea are negative but you have symptoms, you'll need to go to a GUM or specialist sexual health clinic who may recommend other tests.

## Will I have to pay for tests and treatment?

All tests are free through NHS services. Treatment is also free unless you go to your general practice, where you may have to pay a prescription charge for the treatment.

## What's the treatment for non-gonococcal urethritis?

Non-gonococcal urethritis (NGU) is treated with antibiotics.

- If the tests show that inflammation is present, or if there's a high chance that you have an infection, you'll be given treatment even if the cause isn't yet known.
- You'll usually be given antibiotic tablets. There are several different antibiotics that can be used, either as a single dose or a longer course. The course usually lasts up to one week but for some forms of NGU, can last up to two weeks.
- You may get NGU more than once, and for a few people, it may become persistent (keep coming back or not get better with antibiotics). If this happens, you may be given a second course, or a combination, of antibiotics.
- You may need other treatment if complications occur (see What happens if non-gonococcal urethritis isn't treated? on page 10) or the cause of the inflammation becomes known.
- There's no evidence that complementary therapies can cure NGU. Complementary therapies are therapies outside of mainstream healthcare.

## When will the signs and symptoms go away?

Most people notice an improvement in the symptoms quite quickly, with discharge and pain when passing urine usually improving within a week.

## Do I need a test to check the non-gonococcal urethritis has gone?

Some services may ask you to go back and see them for a check-up 2-3 weeks later, and some may do a follow-up on the phone. This is to:

- check that the signs and symptoms have gone
- check that you were able to take the treatment correctly
- check that you haven't been exposed to an infection again
- give you the results of any other tests that were done, and give you advice on how to get further treatment if necessary
- answer any questions you have and give you any advice you need on protecting yourself from infection.

If you still have signs or symptoms you may need to be tested again and have more treatment. If the symptoms have all gone, you usually won't need any more tests.

## What happens if non-gonococcal urethritis isn't treated?

If non-gonococcal urethritis (NGU) is treated early, there won't be any complications. If left untreated, some causes of NGU can cause long-term complications, although this is uncommon.

They can include:

- painful infection in the testicles
- inflammation of the joints, known as sexually acquired reactive arthritis (SARA); this can sometimes also cause inflammation of the eyes.

It's possible that some complications might affect your fertility, but this is unlikely.

You also risk passing on an infection to a partner.

## Can non-gonococcal urethritis go away without treatment?

This depends on the cause. For many causes, prompt treatment is needed. If you delay seeking treatment you risk an infection causing long-term damage and you may pass an infection on to a partner.

## How soon can I have sex again?

It's strongly advised that you don't have any sexual intercourse, including vaginal, anal or oral sex, until you and your partner(s) have finished treatment and any follow-up. This is to help prevent you being re-infected or passing an infection on to someone else. It also allows the urethra to heal.

## Will I know how long I've had non-gonococcal urethritis?

The tests can't tell you how long the inflammation or infection has been there.

If you feel upset or angry about having non-gonococcal urethritis and find it difficult to talk to a partner or friends, don't be afraid to discuss how you feel with the staff at the clinic or general practice.

## Should I tell my partner?

Because non-gonococcal urethritis (NGU) is often caused by a sexually transmitted infection, it's very important that your current sexual partner(s) and any other recent partners are also tested and treated.

You may be given a 'contact slip' to send or give to your partner(s) or, with your permission, the clinic can contact your partner(s) for you. This is called partner notification. It can sometimes be done by text message. The message or contact slip will say that they may have been exposed to a sexually transmitted infection and suggest they go for a check-up. It may or may not say what the infection is. It won't have your name on it, so your confidentiality is protected.

You're strongly advised to tell your partner(s), but it isn't compulsory. The staff at the clinic or general practice can discuss with you which of your sexual partners may need to be tested.

Sometimes NGU may only clear up after a current sexual partner has been treated too.

## Can non-gonococcal urethritis affect my fertility?

Sexually transmitted infections are one of many factors that can affect your fertility.

Having non-gonococcal urethritis (NGU) won't affect the fertility of most people. If you've had NGU, you won't normally be offered any routine tests to see if you're fertile unless a partner is having difficulty getting pregnant.

## How can I help protect myself from non-gonococcal urethritis and other sexually transmitted infections?

The following measures will help protect you from getting and passing on NGU and most other sexually transmitted infections including HIV, gonorrhoea and chlamydia.

- Use condoms (male/external or female/internal) every time you have vaginal or anal sex.
- If you have oral sex (going down, giving head), use a condom to cover the penis, or a dam (latex or plastic square) to cover the female genitals or male or female anus.
- If you're not sure how to use condoms correctly visit [www.sexwise.org.uk](http://www.sexwise.org.uk) for more information.
- Avoid sharing sex toys. If you do share them, wash them or cover them with a new condom before anyone else uses them.

To help protect yourself against NGU, avoid putting objects, lotions or creams into your urethra.

## Using a service

- Wherever you go, you shouldn't be judged because of your sexual behaviour or who you have sex with.
- All advice, information and tests are free. All services are confidential.
- All tests are optional and should only be done with your permission.
- Ask as many questions as you need to – and make sure you get answers you understand.
- The staff will offer you as much support as you need, particularly if you need help telling a partner.

## Where can I get more information and advice?

The National Sexual Health Helpline provides confidential advice and information on all aspects of sexual health. The number is 0300 123 7123. It's open Monday to Friday from 9am - 8pm.

For more information on sexual health visit [www.fpa.org.uk](http://www.fpa.org.uk) or [www.sexwise.org.uk](http://www.sexwise.org.uk)

Information for young people can be found at [www.brook.org.uk](http://www.brook.org.uk)

## Clinics

To find your closest clinic you can:

- use Find a Clinic at [www.fpa.org.uk/clinics](http://www.fpa.org.uk/clinics)
- download FPA's Find a Clinic app for iPhone or Android.

You can find details of general practices and pharmacies in England at [www.nhs.uk](http://www.nhs.uk) and in Wales at [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk). In Scotland you can find details of general practices at [www.nhsinform.scot](http://www.nhsinform.scot) and in Northern Ireland at [www.hscni.net](http://www.hscni.net)



## A final word

This booklet can only give you general information.

The information is based on evidence-based guidance produced by The British Association for Sexual Health and HIV (BASHH).



the sexual health charity



sexwise.org.uk

[www.fpa.org.uk](http://www.fpa.org.uk)

This booklet is produced by the sexual health charity FPA, registered charity number 250187. Limited liability company registered in England, number 887632. FPA does not run the National Sexual Health Helpline.

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ISBN 978-1-912202-17-1

The information in this booklet was accurate at the time of going to print. Booklets are reviewed regularly. Next planned review by March 2021.

If you'd like information on the evidence used to produce this booklet or would like to give feedback, email [feedback@fpa.org.uk](mailto:feedback@fpa.org.uk)

