

Prostatitis: information for patients.

Introduction

This information leaflet is intended for patients with a diagnosis of prostatitis. Prostatitis is a common condition that may be caused by infection or inflammation of the prostate.

What is the prostate?

The prostate is a gland about the size and shape of a walnut. The prostate gland is located in front of the rectum, just below the bladder and it surrounds the urethra. The urethra carries urine from the bladder out through the penis.

The function of the prostate is to provide nutrients to the semen. As men age, the prostate gets bigger, and as it does so it can compress the urethra and make it more difficult to pass urine.

What are the different types of prostatitis?

1. Acute bacterial prostatitis (ABP)

Acute bacterial prostatitis is caused by bacterial infection of the prostate and may produce any the following symptoms:

- pain in pelvic area with urination
- frequent urination (day & night)
- malaise
- fever
- chills
- muscular pain
- lower back pain
- inability to empty the bladder
- pain with ejaculation

This form of prostatitis is usually accompanied by systemic illness (fever and chills) and on clinical examination the prostate is exquisitely tender.

2. Chronic bacterial prostatitis (CBP)

Chronic bacterial prostatitis is caused by bacteria, and the symptoms are similar to acute bacterial prostatitis, but are not usually as severe or sudden. The commonest presentation of this form of prostatitis is recurrent urinary tract infections and less commonly with pelvic pain.

3. Chronic pelvic pain syndrome

This type of prostatitis typically causes ongoing intermittent pain in the pelvic area, prostate, base of penis or testicles, with or without difficulties in passing urine. There may also be pain after ejaculation. There is no sign of infection. There may be evidence of inflammation, however.

4. Asymptomatic prostatitis

This diagnosis is made in patients on the basis on examination of tissue specimens from the prostate after surgery for cancer or benign enlargement of the prostate gland (BPH or BPE).

What causes prostatitis?

Although the causes of prostatitis are not clearly known, there are many theories about why you may contract it.

Prostatitis from bacteria may be a result of a backward flow of urine into the prostate. This infected urine may be a result of a recent bladder infection, an abnormality of your urinary tract, a result of a catheterization or recent surgery.

Non bacterial prostatitis may be caused by other organisms, or clogging of the prostate ducts. Another theory of the cause of non bacterial prostatitis is that the nerves and muscles around the prostate are not working correctly, and may be causing too much tension at the outflow of the bladder and at the level of the pelvic floor. Also, the nerves in the area of the prostate may have become oversensitive over time, thus causing discomfort and pain in that area.

As a result of the causes of non bacterial prostatitis being less well understood, and the symptoms of all the types of prostatitis being very similar, diagnosis and treatment can be a frustrating experience for both the patient and the doctor.

How is prostatitis diagnosed?

Your urologist will ask you questions about the symptoms you have and are currently experiencing and about your medical history. You will then be examined, and this will include an examination of your tummy (abdomen), testicles and a digital rectal examination (DRE) to feel the prostate gland.

A urine dipstick will be performed to see if there is any evidence of blood in the urine or of a urinary infection, and the specimen may then be sent off for a urine culture.

Your PSA (prostate specific antigen) blood test may be taken, although the value of this is uncertain, but may give an indication of the level of inflammation within the prostate.

Your urologist may ask you to perform a flow test to see how fast you pass urine. You will need to have a comfortably full bladder to do this. It involves passing urine as usual, but into a funneled tube which collects the urine and can measure how much you pass per second. Following this you will have a bladder scan, which takes just a minute and involves passing an ultrasound probe over the lower part of your tummy to see how much urine you leave in your bladder.

You may also need to undergo a cystoscopy to examine the prostate and bladder further. This test is completed in the hospital, and takes about ten minutes. A small telescope is inserted into the urethra after an anaesthetic gel is applied. This telescope allows the specialist to see your prostate and bladder, and see if there are any abnormalities or inflammation. Cambridge Urology Partnership have a separate information sheet about this should it be required.

Prostatic massage and performing the Stamey localisation procedure has been found less useful as in most patients who have a chronic bacterial infection of the prostate, the organisms can be found in a standard urine sample. However, it may have a part to play in men with recurrent urinary tract infections to clinch the diagnosis of chronic bacterial prostatitis.

In chronic pelvic pain syndrome where no evidence of infection is found, other tests such as scans of the abdomen and testes, may be performed in an attempt to identify a specific cause for the symptoms. Often, however, such a cause cannot be found.

How is prostatitis treated?

Acute Bacterial Prostatitis

If you are very symptomatic, or sick, you may need to be admitted to the hospital to be treated with intravenous antibiotics. If your symptoms are not severe, antibiotics taken in a pill form can be effective. The antibiotics may be prescribed from two weeks to a month, and it is very important that you take the pills for the length of time prescribed by the doctor. Many men have the tendency to want to stop taking the medication when they feel better, or when their symptoms have gone away. This may result in the infection returning, or becoming a chronic problem. Analgesics or pain medications may be prescribed to relieve pain and discomfort.

Chronic Bacterial Prostatitis

This is also treated by antibiotics, but they are required for one to three months. Again, it is very important that you take the pills for the length of time prescribed by the doctor.

Chronic pelvic pain syndrome.

As this form is not caused by bacteria, antibiotics may not help. Your doctor may try antibiotics, initially, however, as 40% of cases respond to Ciprofloxacin or Ofloxacin. The antibiotics may be simply acting as anti-inflammatory agents.

Treatment of this condition is difficult, and many patients learn how to manage their symptoms. They may find that when they are stressed their symptoms return or worsen, and thus they need to try and learn relaxation techniques. Other triggering factors are mentioned below. The symptoms may wax and wane, or may just appear every few years or so.

A number of other treatments may be tried, and these include:

- tablets that relax the tissue of the prostate called alpha blockers (tamsulosin or alfuzosin)
- anti-inflammatory pain killers (eg: ibuprofen or diclofenac sodium)
- co- analgesic medication such as Amitriptyline (a tricyclic antidepressant), Gabapentin or Pregabalin
- prostatic massage, to help remove prostatic secretions
- physiotherapy, to help learn to relax the pelvic floor,

More natural methods to help symptoms might include:

- warm baths
- diet changes (avoid caffeine, alcohol, spicy or acidic foods)
- relaxation exercises
- frequent ejaculation
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Is there anywhere else that I might be able to get information?

The British Prostatitis Support Association: www.bps-assoc.org.uk

The Prostatitis Foundation (US Based): www.prostatitis.org



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