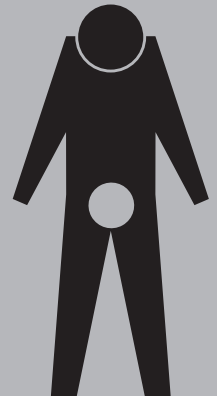


# Prostatitis Explained



Prostatitis (prost-a-ty-tus) is the most common prostate problem for men under 50, but it can affect men of all ages. In fact, almost 1 out of 2 men between 18 and 50 may have at least one bout of prostatitis in their lifetime.

Prostatitis is often described as an infection of the prostate but it can also mean that the prostate is inflamed or irritated. If you have prostatitis, you may have a burning feeling when passing urine, pass urine more often, be in a lot of pain, have a fever and chills and feel very tired.

Once your doctor has diagnosed your symptoms as prostatitis, then the outlook tends to be good. There are many treatments available and your doctor will work with you to find the treatment(s) most suitable for you depending on the type of prostatitis you have. So, it may take slightly longer for some men to see an improvement in their symptoms. However, even when you feel your symptoms are starting to improve you should still continue with your treatment or medication.

It may be reassuring to know that prostatitis is neither connected with cancer nor does it mean there is an increased risk of developing prostate cancer in the future, but it can cause worrying symptoms.

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**There are different types of prostatitis.**

**Acute bacterial prostatitis (ABP)** is swelling and irritation of the prostate gland that is caused by a bacterial infection (germs). This is the least common type. Symptoms occur suddenly, can be very severe, causing a lot of pain and the man usually feels very unwell. Although this can affect any age group, it is most common in younger and middle aged men.

**Chronic bacterial prostatitis (CBP)** is not common. Symptoms develop slowly over a longer period of time and are not quite so severe. For some men chronic bacterial prostatitis may happen after a bout of acute bacterial prostatitis. This can affect any age but most commonly men between 30 – 50 years of age.

**Chronic pelvic pain syndrome (CPPS)** is diagnosed when a man has symptoms for at least 3 months out of the past 6 months. This is usually felt as a constant ache or pain around the penis, anus or lower back. This can affect men of any age group.

**Asymptomatic inflammatory prostatitis (AIP)**

Men with asymptomatic inflammatory prostatitis (AIP) do not have any symptoms, pain or discomfort even though their prostate is inflamed. AIP is generally found when the man is having tests or examinations for another condition. In this case, no treatment is necessary.

There is more information on all types of prostatitis, symptoms and treatment in this booklet.

**If you are having problems or pain when passing urine, then make an appointment to see your GP as soon as possible. This is especially important if you have a high temperature and chills. The earlier a diagnosis is made and any treatment started the better it will be for you.**

## What is the prostate?

If you don't know what your prostate is, where it is or what it does, you're certainly not alone. In fact, most people don't know! Many men still find it uncomfortable or difficult to talk about the prostate as it plays a role in both passing urine and sexual intercourse

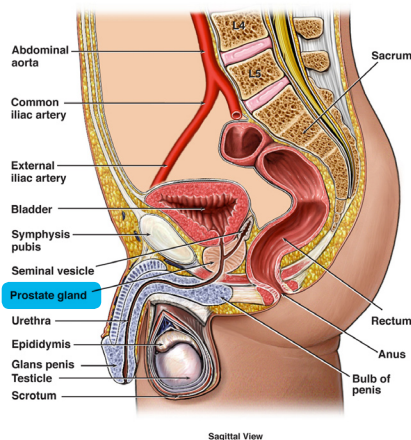
Only men have a prostate. It starts out about the size of a pea then slowly grows to the size of a walnut, until the man is in his 20s. Around the age of 40 it starts to grow or enlarge again and this may cause problems for a man when passing urine or not being able to pass urine.

## Where is it?

The prostate is inside the pelvis, just below the bladder and in front of the back passage. It wraps around the tube, called the urethra, which allows urine to flow out of the bladder and for semen to pass out through the penis. So, the prostate cannot be seen or checked from outside the body.

## What does the prostate do?

It supplies a thick, clear fluid that mixes with sperm to form semen, called the ejaculate. This fluid helps to nourish and protect sperm during intercourse. One of the proteins made in the prostate is Prostate Specific Antigen, or **PSA**. Some PSA leaks out into the blood and may be measured. This is called your PSA level.



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## Acute Bacterial Prostatitis (ABP)

Acute bacterial prostatitis means that there is infection, swelling and inflammation in the prostate. Although this is the least common prostatitis it can make the man very unwell. Symptoms occur suddenly, can be very severe and cause a lot of pain. It is important to see your doctor as ABP needs to be treated quickly. It usually means a stay in hospital and having antibiotics in a drip. However, most cases of ABP clear up with the right medication, some changes in diet and practising safe sex.

### What can cause it?

Infection by bacteria (germs) that normally live in the bowel	Some bacteria that live in bowel can get onto the skin near the back passage. For some men these bacteria multiply and travel up the urethra and so can cause an infection
Anal intercourse	Having anal intercourse without using a condom
Some sexually transmitted diseases Eg chlamydia, gonorrhoea	This is more likely in men who are under 35 years of age. Prostatitis usually develops soon after sexual intercourse with a partner who has a sexually transmitted disease (STD). Men who have lots of sexual partners are more likely to get this type of prostatitis. Prostatitis cannot be passed on to a partner during intercourse
An enlarged prostate or after a urinary tract infection	This is because bacteria can live and increase rapidly when urine stays in the bladder for long periods of time
Damage to the prostate	After prostate surgery or biopsy the prostate is more prone to infection
A catheter passed into the bladder through the urethra	A catheter (long, thin, flexible tube) passed into the urethra and left in place for a long time can sometimes let bacteria travel up the tube to the prostate

### What are the symptoms?

Although this is the least common type of prostatitis, you will find that you may feel unwell quite suddenly and that the symptoms are very severe.

#### How you might feel:

- A high temperature and chills
- Pain around the penis or pubic bone, back passage and lower back
- Feeling or being sick
- Pain during or after ejaculating. There may be blood in your semen
- Pain when passing stools

#### How you might feel when passing urine:

- It may be difficult and painful to pass urine
- You pass urine more often and have to get to the toilet quickly
- You have a burning feeling when passing urine
- You may feel that you cannot empty your bladder completely
- You have to get up often during the night to pass urine
- You may find blood in your urine

**If you cannot pass urine at all this is a serious problem so you must see your GP straight away**

### What tests might my GP do?

#### Urine tests

You will probably be asked for a urine sample. The doctor will be able to do a quick test with a special dipstick to show if there is likely to be an infection in your urine.

The doctor may then send the sample to the lab for more tests and to prove that there is an infection and find out what kind of infection it is.

#### Digital Rectal Examination (DRE)

This may be one of the examinations your GP will do. It gives the doctor an idea of the shape, size and condition of your prostate.

You will be asked to lie on the bed on your side. The doctor will put a gloved finger into your rectum or back passage to feel your prostate. Although you

may feel a bit uncomfortable or embarrassed, it shouldn't hurt. It's much better for you and the doctor if you can manage to relax. Remember the doctor has done this many times before and understands how you might be feeling. If you have ABP, your prostate will feel tender when the doctor examines it. The doctor may find the prostate is swollen, smooth and hot to the touch.

### **Blood test**

The doctor may take a blood sample and send this off to the lab to check for any signs of infection.

### **Prostate Specific Antigen (PSA) blood test**

The doctor may also test your blood for PSA. Because some PSA leaks out of the prostate, it's normal to find PSA in a man's blood. This is called your PSA level.

So, a small amount of blood is taken to measure the amount of PSA in your blood. If there is infection or inflammation in the prostate, the PSA level will most likely be raised.

### **Swab**

If there is a possibility that you may have a sexually transmitted disease (STD) then your doctor may refer you to the Genito Urinary Medicine clinic for tests and treatment.

## **How is ABP treated?**

### **Antibiotics**

These should be started right away. Antibiotics for ABP are usually given through a drip - in this case you would be admitted to hospital. You may be given more antibiotics to take at home for a few weeks or possibly slightly longer and it is essential that you finish the full course even if you feel better. This is to avoid the infection coming back and becoming chronic (chronic means that the infection may be there all the time or can flare up). If you know that you have an allergy to any antibiotic you should tell the doctor.

The antibiotic you take may be changed once the doctor gets the results of your urine test back from the lab. This shows which bacteria are causing the

infection and so the doctor can prescribe the best antibiotic to treat that particular infection.

### **Painkillers**

You may be asked to take paracetamol or ibuprofen every few hours rather than 'now and then' to help with the pain. Your doctor will advise on how often and how many painkillers you can take each day. These will also help to bring down your temperature. If these don't help with your pain then you may be given stronger painkillers.

### **Laxatives**

If you have difficulty or pain when moving your bowels then a mild laxative or stool softener may help you pass any hard stools and stop them pressing on your prostate, making it even more painful. Ask your GP or pharmacist for more advice on this.

### **Anything else?**

In hospital you will see a doctor, called a urologist, who specialises in conditions like ABP. The urologist may want you to have some further tests done in the hospital.

### **What is the outlook?**

For most men with ABP it will clear up after treatment. However, it is essential to finish the full course of antibiotics even if your symptoms improve. For some men though, the infection may come back or develop into chronic prostatitis.

## **Chronic Bacterial Prostatitis (CBP)**

Chronic bacterial prostatitis means that there is infection, swelling and inflammation in the prostate. However, CBP is not common. This type of prostatitis develops more slowly, symptoms are usually not as severe, can 'come and go' and can continue for long periods of time. If there is an infection in the prostate for 3 out of 6 months then the prostatitis is said to be chronic, which means that it is persistent or doesn't go away.

CBP is most common in men between the ages of 30 - 50, but men of any age can get it.



### What can cause CBP?

Very often there is no obvious cause.

Urine infections	Men who have frequent urine infections are more at risk of developing CBP
Bladder outlet obstruction	This means that there is an increased risk of developing a urinary tract infection and so it may increase the risk of developing prostatitis
Following a bout of acute bacterial prostatitis	This may especially be the cause if the man did not finish the full course of antibiotics that he was given by his GP
Anal intercourse	Having anal intercourse without using a condom
Having a catheter in to drain urine	

### Understanding symptoms of CBP?

Men who have CBP tend to have symptoms that come and go. Symptoms are usually not as severe, and begin gradually. There may not be any symptoms between bouts of CBP then it can flare up or there could be mild symptoms all the time.

More information on symptoms and treatment of CBP are given from pages 10 - 17.

### Chronic Pelvic Pain Syndrome (CPPS)

This is the most common form of prostatitis. In CPPS, there are no bacteria (germs) in the urine. CPPS is usually the diagnosis the doctor makes if there is persistent discomfort or pain in the lower pelvic area and the pain has lasted for 3 out of the past 6 months. Pudendal Neuralgia (PN) may present similar symptoms, perhaps discuss with your doctor.

### What can cause it?

Although this is the most common type of prostatitis, exactly what causes it isn't known.

There are lots of ideas about what may cause it but no-one really knows.

These ideas include:

- A germ that has not been pinpointed yet
- Nerve problems affecting the prostate
- Antibodies that normally fight infection may be attacking the cells in the prostate
- Inflammation caused by urine being forced backwards into the prostate
- Pelvic floor muscle pain or spasm

### Understanding symptoms of CPPS

Symptoms are similar to the symptoms of acute bacterial prostatitis but with CPPS the man tends not to be so ill, may be less likely to have a high temperature and general aches and pains. Men who have CPPS find that it may affect their quality of life as they may be in pain fairly often. The pain can vary in severity from day to day and it may stop the man from leading a full and active life.

### Common symptoms of CBP and CPPS

#### What you might experience:

- The symptoms can be mild and sometimes are there only when the prostatitis flares up.
- Possibly a slightly raised temperature
- Lower back pain
- Pain around the penis or pubic bone, sometimes spreading to the tip of the penis
- Pain in the area between the scrotum and back passage, in the testicles or inner thighs
- Pain during or after ejaculation
- Pain with a bowel movement
- Lack of interest in having sexual intercourse
- Feeling tired and having general aches and pains
- Feeling anxious and worried and feeling quite stressed

### **What you might experience when passing urine:**

- Having some pain when passing urine
- Passing urine more often and having to get to the toilet quickly
- Feeling a burning when passing urine
- Having a weaker stream when passing urine
- Having to wait until urine starts to flow
- Having to get up often during the night to pass urine
- Seeing some blood in the urine

### **Problems with intimacy**

You may find:

- Difficulty in getting an erection, known as impotence
- Pain when ejaculating
- The pain is worse after having sexual intercourse

### **What tests might my GP do?**

#### **Urine test**

This will check for infection. You will probably be asked for a urine sample. The doctor will be able to do a quick test with a special dipstick to show if there is likely to be an infection in your urine.

The doctor may then send the sample to the lab for more tests and to prove that there is an infection and find out what kind of infection it is. The test may also check for signs of any sexually transmitted disease e.g. chlamydia.

#### **Digital Rectal Examination (DRE)**

This examination is done to check the shape, size and condition of the prostate. This may be one of the examinations your GP will do. It gives the doctor an idea of the shape, size and condition of your prostate.

You will be asked to lie on the bed on your side. The doctor will put a gloved finger into your rectum or back passage to feel your prostate. Although you may feel a bit uncomfortable or embarrassed, it shouldn't hurt. It's much better for you and the doctor if you can manage to relax. Remember the doctor has done this many times before and understands how you might be feeling.

### Is there anything else?

Your GP may refer you to hospital to see a specialist doctor called a urologist. The urologist may do further tests such as:

#### **Prostate massage**

The urologist puts a gloved finger into the back passage and gently massages the prostate. The fluid or secretion freed from the prostate comes down the urethra (the tube that allows urine to flow from the bladder out through the penis) and comes out of the penis. This fluid is collected and tested for any bacteria (germs) which may cause an infection.

#### **Cystoscopy**

This may be one of the tests that the urologist does.

The urologist will gently pass a small tube, which has a camera on the end, up through your penis into your urethra. It may be done with a local anaesthetic or general anaesthetic depending on whether a flexible or rigid tube is used. This is to examine your bladder and your urethra. The whole thing should take only a few minutes. The urologist may do a prostate massage at the same time as doing the cystoscopy. Afterwards, you may feel a bit sore or have a burning feeling when you pass urine, or you may see a little blood in your urine. This should stop after a few days. If it doesn't, or you find it difficult to pass urine, contact the hospital or your GP.

#### **Trans Rectal Ultrasound Scan (TRUS)**

Another test the urologists may do is a TRUS.

Sometimes to get a better picture of your prostate and urinary tract you will be asked to have a Trans Rectal Ultrasound scan. A small ultrasound device is gently passed into your back passage. It works by sound waves giving a clear picture of your prostate on a screen which the doctor can see. You may find this uncomfortable, but it shouldn't hurt and it shouldn't take too long. You will need to make sure you have a bowel movement so your back passage is empty before going for your appointment.

### **Urine flow test**

This is a simple test that your urologist may ask you to have done and does not need an internal examination or procedure. A special machine measures how fast you pass urine and how well the bladder empties. All you have to do is pass urine into a funnel shaped container and all the measurements are done automatically by the flow rate machine! The test works best if you pass a lot of urine so you might be asked to go into the hospital with a *comfortably* full bladder, or you might be given water to drink and wait till your bladder is full. If you have a long journey to hospital and you think this may cause a problem, then drinking some fluid before you leave and topping up with more fluid when you arrive at hospital may be a possible solution for you.

### **Prostate Specific Antigen test (PSA)**

PSA is made in the prostate and a small amount 'leaks out' into the bloodstream so it's normal for a man to have some PSA in his blood. This is called the PSA level. If the prostate is affected by disease in some way then more PSA can leak out. So, the doctor may take a sample of blood to measure the amount of PSA in your blood.

### **What kind of treatments are there for CBP and CPPS?**

#### **Antibiotics**

You will probably be given a course of antibiotics for about 4 weeks. If the symptoms of CBP or CPPS haven't cleared up after a 4 week course of antibiotics, then you may be given a longer course (up to 12 weeks) or the doctor may try using a different antibiotic. The length of time on antibiotics will depend on the type of prostatitis and which antibiotic has been prescribed.

#### **Alpha Blockers**

Your doctor may prescribe a type of drug known as an alpha blocker. There are different kinds of alpha blocker e.g. Tamsulosin and Alfuzosin. These drugs relax the muscle around the prostate and the base of the bladder and so help to relieve any spasms or muscle tightness that contribute to pain

when passing urine. Your GP or urologist may advise you to take these to see if your symptoms improve.

**Painkillers** such as paracetamol or ibuprofen may help with pain.

**Laxatives** may help if you find it painful when having a bowel movement or if you are constipated.

### **Prostate massage**

Some men find it helps to have their prostate massaged, as prostate fluid is released and reduces pressure inside the prostate.

### **Physiotherapy**

Chronic pelvic pain can have an origin in the myo-facial system. This can be assessed and treated by a specialist physiotherapist. This involves hands on treatment techniques, retraining of the pelvic floor combined with relaxation. Accurate assessment of this condition by an experienced physiotherapist is an essential step in identifying the problems within this category of pain. Symptoms can be similar to acute and chronic bacterial prostatitis, however cultures are always negative with this category of chronic pelvic pain.

### **Coping with pain**

Prostatitis can lead to some men experiencing pain. Pain can vary from person to person and it can be difficult to describe the pain we feel but it is usually something like - 'hot', 'sharp', 'dull', 'aching', 'heavy', 'slight' or 'unbearable'.

Only the person who has the pain can really say how painful something is. It may not be easy to explain how much the pain is affecting us as individuals as no two people feel pain in the same way. You know your pain, even though it can't be seen or measured, so it can make it difficult to treat.

You may not find it easy to cope if you are in pain every day or if the pain is severe. However, there are often a number of steps that can be taken to help control, reduce and even minimise pain.

### **So what can be done?**

It may help to keep a diary of the pain you are feeling to record:

- How severe it is from day to day
- What time it is a bit better and what times it is at its worst
- If any particular activity makes it worse

By doing this it might help you to see if there is any pattern to the pain. A diary like this might also make it easier for the pain specialist to understand what you are going through.

Your GP, urologist or specialist nurse may refer you to a doctor who specialises in finding treatments which help with your pain. Pain management services vary from hospital to hospital. It may be a consultant, working on their own who is interested in helping people cope with pain, whereas in other places there may be a team of people who are involved, e.g. doctors, psychologists, specialist nurses, physiotherapists, occupational therapists and pharmacists.

They may run pain management programmes which bring together a group of patients with similar pain problems to look at how best to tackle them and lead an active life.

It is important to try to explain your pain to your doctors to help them to understand it, and to help them work with you to find a solution.

Being in constant pain can affect all parts of your life as it can lead among others to:

- Limiting the things you can do: disturbing your sleep; losing self-esteem; losing your appetite; weight loss; anxiety and worry; feelings of being left out; and even having an impact on your work
- Family, friends and others constantly asking how you are and limiting what they think you should do
- You feeling a bit low and possibly becoming depressed

If this sounds like you, then it's important to help those involved in your treatment understand just how you're feeling.

**Relaxation:**

You may be advised to try stress management or relaxation techniques to help cope with persistent pain. For example this may be yoga or pilates.

**What is the outlook?**

If CBP or CPPS is diagnosed, it may be reassuring to know that it is not prostate cancer and that, so far, it has not been proved that there is a link between CBP and CPPS and prostate cancer.

The outlook for both CBP and CPPS tends to be good and most people get better, but it may take time to find the treatment or combination of treatments most suitable for you. Some men may see an improvement in their symptoms over the following 6 months, but for others it can take longer.

It is important to work with your GP, urologist, pain specialist or physiotherapist to find a treatment that suits you and to talk this over with them. They can listen to you, answer your questions and help to reassure you.

In fact, your GP, urologist or specialist nurse will probably want to keep in touch with you as it is difficult to predict what will happen. Your symptoms may last a long time, although they may 'come and go', or vary in the amount of pain you feel. If your symptoms are severe, then don't suffer in silence - see your GP or urologist.

**Asymptomatic inflammatory prostatitis (AIP)**

Men with asymptomatic inflammatory prostatitis or AIP do not have any symptoms, pain or discomfort even though their prostate is inflamed. AIP is generally found when the man is having tests or examinations for another condition.

In this case, no treatment is necessary.



### Tips to help relieve prostatitis

#### **If you think you have an infection.....**

If you get a urinary tract infection it's best to see your GP as soon as possible to start treatment. Signs include a burning feeling when passing urine, smelly and cloudy urine and feeling you need to pass urine often even if only a little dribbles out. If you have had an infection and been given medication, **remember to finish the full course of tablets.**

#### **Fluids**

You will be asked to drink enough fluid to stop you becoming dehydrated and help flush any bacteria (germs) from your bladder.

#### **Rest**

It is best if you can manage to get enough rest each day. However, sitting for long periods of time may make the soreness worse.

#### **Warm baths**

Having a warm bath may help with some of the pain around your penis and back passage and with pain in your lower back.

#### **Diet**

It may help if you avoid foods and drinks that can irritate your bladder like alcohol, foods with caffeine such as tea and coffee, citrus juices and hot or spicy foods. Remember, energy and performance drinks or energy shots can have high amounts of caffeine added.

It may also help if you eat high fibre foods such as fruit, vegetables and wholegrain cereals to help prevent constipation.

#### **Passing urine**

It may help if you try to empty your bladder often and as completely as you can. This might reduce the number of times you need to rush to the toilet.

### **Good hygiene**

Wash your hands thoroughly after a bowel movement and before touching your penis. Keep your penis clean to help stop bacteria travelling up the urethra inside the penis and so reaching the prostate.

### **Safe sex**

Wearing a condom helps prevent catching an infection during sex. This is especially important if you have anal intercourse.

### **Exercise**

Try to have some exercise every day if possible. This could be as simple as going for a walk for about 30 minutes every day. If you haven't exercised for a while then check with your doctor and build up gradually.

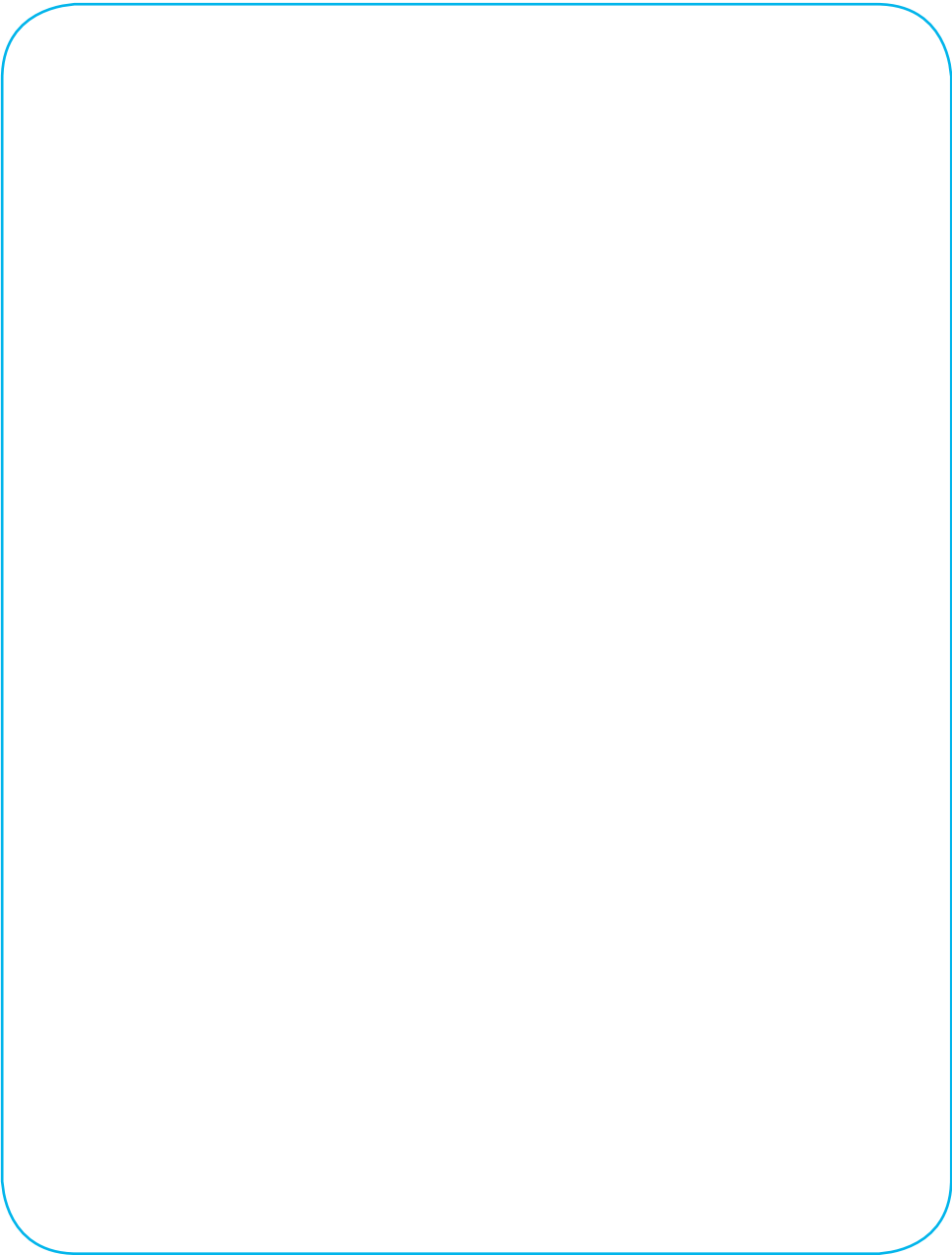
If there is a flare up of your symptoms it may best to avoid cycling and horse riding for the time being.

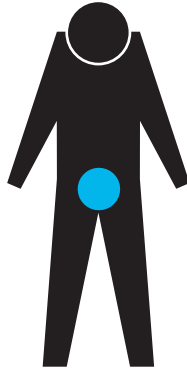
### **Laxatives**

If you have difficulty when moving your bowels then a mild laxative or stool softener may help. Ask your GP or pharmacist for more advice on this.

### **In addition**

Some men try deep breathing, relaxation, yoga, pilates, acupuncture, meditation or body massage therapy.





This booklet has been compiled by Prostate Scotland with advice from PAGES (Prostate Advisory Group Prostate Scotland).

Prostate Scotland acknowledges the help and support from the members of the group:

Mr. Alan McNeill, Consultant Urologist, Western General Hospital, Edinburgh (Chair of PAGES)

Karen Edwards, Specialist Urology Physiotherapist, Western General Hospital, Edinburgh

Mr Graham Hollins, Consultant Urologist, Ayr General Hospital

Lesley McKinlay, Deputy Charge Nurse Urology, Western General Hospital, Edinburgh

Frances McLinden, Clinical Service Manager Urology, Greater Glasgow and Clyde

Rita O'Dea, Clinical Nurse Specialist, Western General Hospital, Edinburgh

Roy Partington

Peter Phillips

Dr Barbara Phipps, GP, Edinburgh

Mr. Ben Thomas, Consultant Urologist, Borders General Hospital/Western General Hospital, Edinburgh

Prostate Scotland staff: Adam Gaines, Director. Mae Bell, Information and Advice Coordinator

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Patricia Chalmers

Mr Brian Corr, Urology Clinical Nurse Specialist, Raigmore Hospital, Inverness

Mr David Douglas, Consultant Urologist, Raigmore Hospital, Inverness

Dr Alastair Law, Consultant Oncologist, Western General Hospital, Edinburgh

Dr Duncan McLaren, Consultant Oncologist, Western General Hospital, Edinburgh

Mr. Grant Stewart, Specialist Registrar in Urological Surgery, Western General Hospital, Edinburgh

Mr. Mark Underwood, Consultant Urologist, Glasgow Royal Infirmary

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#### Contact Us

Prostate Scotland, Gf2, 21-23 Hill Street, Edinburgh EH2 3JP

Tel: 0131-226 8157 Email: [info@prostatescotland.org.uk](mailto:info@prostatescotland.org.uk)

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

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