

**A start to help
you understand
Prostatitis and
Chronic Pelvic
Pain Syndrome**

What is the prostate?

Only men (and those born biologically male) have a prostate. It starts out about the size of a pea slowly growing to about the size of a walnut in their 20s. Around 40 years, it starts to grow or enlarge, and this may cause problems when passing urine.

Where is the prostate?

It's inside the pelvis, just below the bladder and in front of the back passage. It can't be seen or physically examined from outside the body. It wraps around the tube, called the urethra, which allows urine to flow from the bladder out of the body.

What does the prostate do?

For those who have a prostate, it supplies the fluid to protect and nourish sperm during intercourse. It also makes Prostate Specific Antigen (PSA).

What is prostatitis? (prost-a-ty-tis)

Prostatitis means that there is an infection or inflammation of your prostate. It can affect younger men from the age of 18 onwards.

Some common signs and symptoms might be

Chills, body aches, feeling unwell, having a fever
Pain in the lower back, inner thighs, genital area, pain in the testicles and penis including the tip of the penis. Deep discomfort between the scrotum and back passage.
Pain during or after ejaculation, pain when having a poo
Difficulty or pain when passing urine
Needing to pee often, urgently and during the night
Not being interested in sexual intercourse
Difficulty in getting and keeping an erection
Pain may happen suddenly or build gradually
Feeling anxious, worried, depressed

Tests and examinations

PSA blood test

This is a simple test to take a small sample of blood to measure the amount of PSA in your blood.

If you are diagnosed with prostatitis more PSA can leak out into the blood so your PSA level will most likely be raised. For more information on PSA test see our website or guide 'PSA – Get the knowledge' <https://www.prostatescotland.org.uk/wp-content/uploads/resources/The-PSA-Test.pdf>

Urine sample

The GP may ask for a urine sample to check it for blood or for any signs of infection in your bladder or kidneys.

Digital Rectal Examination (DRE)

To examine your prostate, the GP/urologist slides a gloved finger into your back passage to check your prostate through the bowel wall. They will not do a DRE if they think the prostate is too inflamed, swollen or it may be too painful for you.

Prostate secretion test

When examining your prostate, the urologist may massage the prostate releasing some prostate fluid. The fluid is collected and sent to the laboratory to check for signs of infection. Again, this won't be done if they think the prostate is too inflamed, swollen or it may be too painful for you.

There are 4 types of prostatitis

Chronic Prostatitis and Chronic Pelvic Pain Syndrome

This is the most common type but exactly what causes it isn't known. It's often the diagnosis when there is constant discomfort or pain in the lower pelvic area for 3 months or more. The pain can range from mild discomfort to very severe. The pain may settle for a while then suddenly return. It can have a huge effect on quality of life. The best type of treatment for each individual may take some time to find as no single solution works for everyone.

- Antibiotics for about 4 - 6 weeks or longer
- Pills called alpha blockers to relax muscle tightness or spasms
- Pain killers. If pain is very severe, you may be referred to a pain management clinic
- Laxatives
- Special exercises to relax, lengthen and stretch pelvic floor muscles

There are some complementary therapies available but you should ask your GP/Urologist if these may be suitable for you.

Chronic Bacterial Prostatitis

CBP is caused by bacteria (germs) finding their way into the prostate leading to the prostate becoming swollen and inflamed. You may find that your symptoms begin gradually tending to come and go perhaps even disappearing for a time but then flaring up again. For others, symptoms may be mild, but are there all the time. You may be referred to see a urology specialist at the hospital who deals with this disease.

They might start you on a short course of antibiotics for around 4-6 weeks or longer. Remember to finish all the tablets as directed.

If you are in pain the GP may prescribe painkillers such as paracetamol along with ibuprofen.

Acute Bacterial Prostatitis (ABP)

ABP is the least common type of prostatitis. It is caused by bacteria (germs) finding their way into the prostate leading to swelling, irritation and inflammation of the prostate.

Symptoms can come on suddenly and can be very severe. ABP can cause a lot of pain, fever, feeling very unwell and in some cases the man is unable to pee at all. If you cannot pee at all, this should be treated straight away so you should contact your GP or NHS 24 (Tel 111) as soon as possible.

To treat the infection, the GP or urologist will generally give a course of antibiotics for around 14 days or perhaps slightly longer. Remember to finish all the tablets as directed. You may also be given some painkillers and some laxatives.

Around 14 days your GP/Urologist will decide whether to stop the antibiotic or continue for longer, perhaps changing the kind of antibiotic as well.

Asymptomatic Inflammatory Prostatitis

Those with AIP do not have any symptoms, pain or discomfort even though their prostate is inflamed, so no treatment is necessary. It is generally found when the man or transgender woman is having tests/examinations for another condition.

Tips to help relieve the symptoms of prostatitis.

Urinary tract infection (UTI)

If you get a UTI, it's best to see your GP or pharmacist as soon as possible to discuss 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 a UTI infection and been given medication, remember to finish the full course of tablets. If you don't there is a chance that the infection could come back.

Passing urine

Empty your bladder frequently and completely.

Rest

Try 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, back passage and your lower back.

Safe sex

Wearing a condom helps prevent catching an infection during sex. This is especially important when you are the giving partner during anal intercourse.

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.

Fluids

Drinking enough fluid (about 2 litres/8 glasses) helps stop you becoming dehydrated and helps flush out any bacteria (germs) from your bladder.

Diet

It may help if you avoid foods and drinks that can irritate your bladder like alcohol, foods with caffeine (such as tea, coffee, green tea), 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, wholegrain cereals, wholemeal bread, lentils, peas and beans to help prevent constipation.

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 GP or urologist that it's okay to exercise then build up gradually.

If there is a flare up of your symptoms it may be best to avoid cycling, static bikes, motor biking and horse riding for the time being.

For more information see our website
www.prostatescotland.org.uk
and follow us on Facebook and LinkedIn.

Prostate Scotland
89-91 Morrison Street
Edinburgh
EH3 8BU
Email: info@prostatescotland.org.uk
Tel: 0131 603 8660

Updated: June 2025

The information contained in this leaflet has been developed by Prostate Scotland and reviewed by its Advisory Group of doctors, nurses and patients. This leaflet is not intended to replace medical advice or seeing a doctor for specific illnesses or symptoms.

The Information and Advice Project was originally funded in 2009 thanks to initial grants from the Scottish Government and the Farmer Foundation.

