

# **Edith Cavell Hospital Department of Urology**



## **Prostatitis**

### **What is prostatitis**

The term “prostatitis” refers to an inflammatory condition of the prostate gland in men.

### **What types of prostatitis are there?**

Prostatitis can be classified as “acute” (meaning sudden onset) or “chronic” (long standing)

Prostatitis can also be classified as bacterial or non-bacterial depending on whether bacterial infection is the cause of the problem.

The National Institutes of Health (NIH) has produced the following classification for diseases within the prostatitis spectrum

- I        Acute bacterial prostatitis**
- II       Chronic bacterial prostatitis**
- III      Chronic prostatitis / Chronic Pelvic Pain Syndrome (CPPS)**
  - a) Inflammatory**
  - b) Non inflammatory**
  
- IV      Asymptomatic inflammatory prostatitis**

## **What symptoms normally occur with prostatitis?**

Acute bacterial prostatitis is usually associated with a generalised infection of the prostate gland with bacteria. It may be difficult to pass urine, it may sting or be painful to pass urine, and you may have to pass urine very frequently. There may be pain in the lower back and genital region, and a generalised body ache. Examination of the prostate is often difficult due to extreme tenderness.

Occasionally if the infection is very severe there may be evidence of septicaemia with a high temperature, sweating alternating with chills.

Chronic prostatitis, even if it is caused by bacteria, does not usually present with such marked symptoms as acute bacterial prostatitis (above). Chronic prostatitis and chronic pelvic pain syndrome are probably both part of the same spectrum.

Typically in chronic prostatitis men exhibit symptoms of fullness in the perineum (the area between the scrotum and the anus). There may also be pain in any of the following:

- Penis
- Testicles
- Inguinal area (Groin)
- Suprapubic area
- Back

Pain on ejaculation is also common.

Men with chronic prostatitis also have variable obstructive symptoms (hesitancy, poor or intermittent urinary flow, incomplete emptying of the bladder) and irritative symptoms (frequency, urgency to pass urine, dysuria (stinging or pain on passing urine)). The symptoms do not seem to vary markedly whether there are bacteria or inflammation is present or not.

A temperature or fever is less common.

## **The investigation of prostatitis**

Prostatitis can be difficult to investigate outside of the urology department, and many men are treated symptomatically.

In order to understand the cause of the condition some basic investigations are often useful.

After the details of the complaint have been taken by the urologist you will undergo a thorough examination. This will include an examination of the genitalia, and a rectal examination of the prostate.

The Urologist may also want to perform a prostatic massage to collect secretions from the prostate. Ideally you should have abstained from sexual ejaculation for 7 days before this test, and not have had antibiotics for the month preceding the test.

Before the prostatic massage you will be asked to pass a small quantity of urine into a container. The mid part of the urine stream should then be passed into a second container. The urologist will then massage the prostate and collect any secretions into a third container. Finally you will be asked to pass more urine into a fourth container.

These samples will be analysed to look for evidence of inflammation or infection. The pattern of such evidence and the distribution between the three containers helps identify which type of prostatitis you may have.

<u>Type of Prostatitis</u>	<u>Classification</u>	<u>Test Results</u>
Chronic bacterial Prostatitis	II	<ul style="list-style-type: none"> <li>• First urine specimen negative</li> <li>• Second specimen may or may not contain white cells, and may or may not grow bacteria when sent for culture</li> <li>• Prostatic secretions show white cells/bacteria</li> <li>• Post massage specimen shows white cells / bacteria</li> </ul>
Chronic Prostatitis / Chronic Pelvic Pain Syndrome (CPPS)	IIIa (inflammatory)	<ul style="list-style-type: none"> <li>• First and Second specimens negative</li> <li>• Third and fourth specimens show white cells but no bacterial growth on culture</li> </ul>
Chronic Prostatitis / CPPS	IIIb (Non-inflammatory)	<ul style="list-style-type: none"> <li>• All Four specimens negative (for both white cells and bacterial growth)</li> </ul>

## **The Management of Prostatitis**

**Acute Bacterial Prostatitis** is treated with antibiotic therapy and usually responds rapidly. If the condition is severe then antibiotics are given intravenously.

## **Chronic Prostatitis / CPPS is difficult to treat.**

- Antibiotics (particularly ciprofloxacin) may eradicate bacteria where they are present, but in the long term the symptoms may persist
- Painkillers may be useful in some patients, but the response may be variable
- Anti inflammatory drugs (NSAIDs like Voltarol, or the newer COX-2 inhibitor drugs) may produce good results in some patients with inflammation. This has not been validated by research
- Muscle relaxants (like Diazepam or Baclofen) may be helpful in patients with type IIIb (non inflammatory CPPS)
- Patients with type IIIa or IIIb CPPS, especially those with urinary symptoms, may benefit from alpha blocker drugs. This is believed to be because in these patients urine may have been refluxing into the prostatic ducts. Relaxation of the prostatic smooth muscle may prevent this.
- Some initial evidence from pilot studies suggests that finasteride (5-alpha-reductase inhibitor) may improve urine flow, reduce intraprostatic reflux, and influence the degree of prostatic inflammation.
- Plant extracts may have some benefit in the treatment of certain types of prostatitis. There is no conclusive evidence, as yet, to their benefit
- Repeated prostatic massage was popular for a long while prior to the late 1960s. It seems to have become popular again partly because of the poor success rate of other treatments.
- Surgery for Prostatitis is not indicated in the absence of a specific problem
- Supportive treatments (e.g. biofeedback, relaxation, acupuncture, massage therapy, meditation) can have a significant effect on the symptoms of some patients.

## **Useful Sources of Information**

Chronic Prostatitis / Chronic Pelvic Pain Syndrome Network - <http://www.chronicprostatitis.com>

British Prostatitis Support Association - <http://www.bps-assoc.org.uk/>

Prostate Help Association - <http://www.pha.u-net.com/>

## **Any questions?**

This leaflet has been written by the nursing and medical staff who work in the Urology Unit.

If you have any questions, jot them down here and ask the nursing or medical staff for answers.

**Urology Department, Ward 11 - Telephone (01733) 875311**

**Please do not hesitate to ask the nursing staff**

If you have any further questions

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