

Patient information

Chronic Pelvic Pain Syndrome

Urology Department

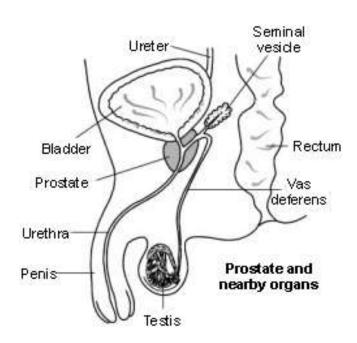
Chronic pelvic pain syndrome (CPPS) causes pain in the lower pelvic region of men. The cause is not known although symptoms are thought to come from the prostate grand. Treatment includes painkillers.

What is chronic pelvic pain syndrome?

Chronic pelvic pain syndrome (CPPS) occurs just in men. It is a chronic (persistent) discomfort or pain that you feel in your lower pelvic region - mainly at the base of your penis and around your anus (back passage). The source of the pain is thought to be the prostate gland.

What is the prostate gland?

The prostate gland is only found in men. It lies just beneath the bladder. It is normally about the size of a chestnut. The urethra (the tube that passes urine from the bladder) runs through the middle of the prostate. The prostate helps to make semen, but most semen is made by the seminal vesicle (another gland nearby).



What are the symptoms of chronic pelvic pain syndrome?

- Pain or discomfort that lasts several months and may last many years. It is usually at the base of the penis, and around the anus and lower back. Sometimes the pain spreads down to the tip of the penis and/or into the testes. Ejaculation may be painful. The pain may vary in severity from day to day.
- Mild urinary irritation. You may have: mild pain when you pass urine, an urgent desire to pass urine at times, some hesitancy when trying to pass urine, a poor urinary stream.
- You may feel tired, and have general aches and pains.

What causes chronic pelvic pain syndrome?

The cause is not known. Many theories have been put forward as to the cause. These include: infection of the prostate with a germ that has not yet been identified; nerve problems in the prostate; tiny cysts or stones in the prostate; partial blockage of fluid made in the prostate.

In some cases there is some inflammation of the prostate ('prostatitis'). However, the cause of the inflammation is not known. (Another name for this sub-group of CPPS is chronic abacterial (non-infective) prostatitis.) In other cases of CPPS there is no inflammation.

Do I need any tests

- A urine sample is usually done to rule out urine infection.
- A sample of fluid ('secretions') from the prostate may be collected to rule out infection in your prostate. To do this, a doctor can gently massage your prostate with a gloved finger in your rectum (back passage). By doing this, fluid from the prostate is pushed out into the urethra and comes out from the penis to be collected and tested for bacteria (germs). If you have CPPS, no bacteria are found in the prostate fluid or urine. (Prostate infection can cause symptoms similar to CPPS. A separate leaflet deals with prostate infection.)
- Other tests may be advised to rule out other conditions of your prostate or nearby organs if your symptoms are not typical.

What is the treatment for chronic pelvic pain syndrome?

- Reassurance and explanation are sometimes helpful. Some people worry that they
 may have a serious disease such as prostate cancer. Worry and anxiety can make
 symptoms worse. Therefore, it may be useful to know that you have CPPS and not
 some other disease. However, you will have to accept that pain or discomfort is likely
 to persist.
- Painkillers such as paracetamol or ibuprofen may ease the pain.
- Antibiotics. A six week course may be advised. This is to be absolutely sure that no
 infection is present. Tests for bacteria are not 100% foolproof, so it may seem sensible
 to treat a possible infection even though urine tests for infection are negative. There is
 a small chance that antibiotics will help.

Various other treatments have been tried. They may benefit some people, but so far there are few research studies to confirm whether they help in most cases. They are not 'standard' or routine treatments, but a specialist may advise that you try one.

They include the following:

- Alpha-blockers are medicines that are used to treat prostate enlargement. They relax the muscle tissue of the prostate and the outlet of the bladder. There are several different brands. There is some evidence that they help in CPPS, and one may be worth a try.
- Other medicines such as finasteride (a medicine which may 'shrink' the prostate).
- Removal of the prostate (prostatectomy) may be considered if you have small stones (calculi) in the prostate. It is not clear how much this may help. Your specialist will advise.
- Other surgical techniques to the prostate. For example, prostatic thermotherapy. This involves heating the prostate. The theory is that this may help clear inflammation of the prostate, or affect nerve fibres that may be the cause of the pain. Again, it is not clear how much this may help.
- Stress management and other pain relieving techniques are sometimes tried to help cope with the persistent pain.

Research continues to try and find better treatments for CPPS.

What is the outlook?

It is difficult to give a prognosis (outlook). Your symptoms may last many years, although they may 'come and go' or vary in severity. Painkillers can keep discomfort to a minimum.

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Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

For general queries telephone the Urology Centre on

Tel: 0151 282 6799/6789

Text phone number: 18001 0151 282 6799/6789

For clinical questions specific to your case, telephone the secretary of your Urology Consultant

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

An internet based, UK focused, organisation for information, support and campaigning related to the prostate diseases of prostatitis / chronic prostatitis / chronic pelvic pain syndrome.

Prostate Research Campaign UK 10 Northfields Prospect, Putney Bridge Road, London, SW18 1PE Tel: 020 8877 5840 www.prostate-research.org.uk

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