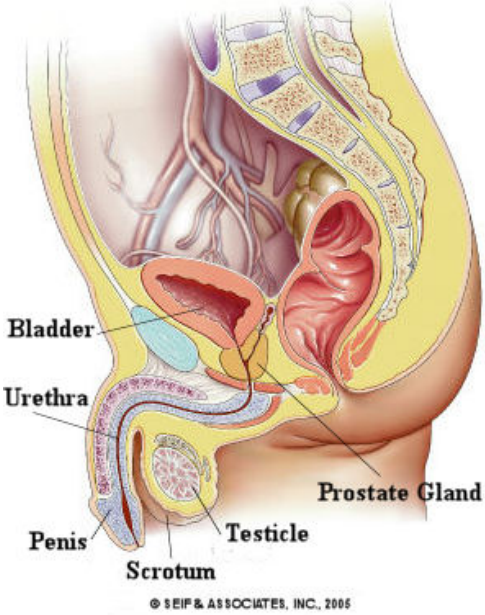
Prostatitis

Prostatitis is an inflammation (the body's way of reacting to injury and/or infection) of the prostate gland. The prostate gland is a male organ. The gland is about the size and shape of a walnut. The prostate is located just below the bladder. It produces semen, which is a fluid that helps nourish and transport sperm. Prostatitis is the most common urinary tract problem in men younger than age 50.



There are 4 categories of prostatitis:

- I - Acute bacterial prostatitis.
- II - Chronic bacterial prostatitis.
- III - Chronic prostatitis and chronic pelvic pain syndrome (CPPS).
  - Inflammatory.
  - Non inflammatory.
- IV - Asymptomatic inflammatory prostatitis.

Acute and chronic bacterial prostatitis are problems with bacterial infections of the prostate. “Acute” infection is usually a one-time problem. “Chronic” bacterial prostatitis is a condition with recurrent infection. It is usually caused by the same germ (*bacteria)*.

CPPS has symptoms similar to prostate infection. However, no infection is actually found. This condition can cause problems of ongoing pain. Currently, it cannot be cured. Treatments are available and aimed at symptom control.

Asymptomatic inflammatory prostatitis has no symptoms. It is a condition where infection-fighting cells are found by chance in the urine. The diagnosis is made most often during an exam for other conditions. Other conditions could be infertility or a high level of PSA (*prostate-specific antigen*) in the blood.

SYMPTOMS

Symptoms can vary depending upon the type of prostatitis that exists. There can also be overlap in symptoms. This can make diagnosis difficult. Symptoms:

For Acute bacterial prostatitis

- Painful urination.
- Fever and/or chills.
- Muscle and/or joint pains.
- Low back pain.
- Low abdominal pain.
- Inability to empty bladder completely.
- Sudden urges to urinate.
- Frequent urination during the day.
- Difficulty starting urine stream.
- Need to urinate several times at night (*nocturia*).
- Weak urine stream.
- Urethral (tube that carries urine from the bladder out of the body) discharge and dribbling after urination.

For Chronic bacterial prostatitis

- Rectal pain.
- Pain in the testicles, penis, or tip of the penis.
- Pain in the space between the anus and scrotum (*perineum*).
- Low back pain.
- Low abdominal pain.
- Problems with sexual function.
- Painful ejaculation.
- Bloody semen.
- Inability to empty bladder completely.
- Painful urination.
- Sudden urges to urinate.
- Frequent urination during the day.
- Difficulty starting urine stream.
- Need to urinate several times at night (*nocturia*).
- Weak urine stream.
- Dribbling after urination.
- Urethral discharge.

For Chronic prostatitis and chronic pelvic pain syndrome (CPPS)
Symptoms are the same as those for chronic bacterial prostatitis. Problems with sexual function are often the reason for seeking care. This important problem should be discussed with your caregiver.

For Asymptomatic inflammatory prostatitis
As noted above, there are no symptoms with this condition.

DIAGNOSIS

- Your caregiver may perform a rectal exam to determine if the prostate is swollen and tender.
- Sometimes blood work is performed. This is done to see if your white blood cell count is elevated. The Prostate Specific Antigen (PSA) is also measured. PSA is a blood test that can help detect early prostate cancer.
- A urinalysis is done to find out what type of infection is present if this is a suspected cause. An additional urinalysis may be done after a digital rectal exam. This is to see if white blood cells are pushed out of the prostate and into the urine. A low-grade infection of the prostate may not be found on the first urinalysis.

In more difficult cases, your caregiver may advise other tests. Tests could include:

- Urodynamics -- Tests the function of the bladder and the organs involved in triggering and controlling normal urination.
- Urine flow rate.
- Cystoscopy -- In this procedure, a thin, telescope-like tube with a light and tiny camera attached (*cystoscope*) is inserted into the bladder through the urethra. This allows the caregiver to see the inside of the urethra and bladder.
- Electromyography -- This procedure tests how the muscles and nerves of the bladder work. It is focused on the muscles that control the anus and pelvic floor. These are the muscles between the anus and scrotum.

In people who show no signs of infection, certain uncommon infections might be causing constant or recurrent symptoms. These uncommon infections are difficult to detect. More work in medicine may help find solutions to these problems.

TREATMENT

Antibiotics are used to treat infections caused by germs. If the infection is not treated and becomes long lasting (chronic), it may become a lower grade infection with minor, continual problems. Without treatment, the prostate may develop a boil or furuncle (abscess). This may require surgical treatment.

For those with chronic prostatitis and CPPS, it is important to work closely with your primary caregiver and urologist. For some, the medicines that are used to treat a non-cancerous, enlarged prostate (benign prostatic hypertrophy) may be helpful. Referrals to specialists other than urologists may be necessary. In rare cases when all treatments have been inadequate for pain control, an operation to remove the prostate may be recommended. This is very rare and before this is considered thorough discussion with your urologist is highly recommended.

In cases of secondary to chronic non-bacterial prostatitis, a good relationship with your urologist or primary caregiver is essential because it is often a recurrent prolonged condition that requires a good understanding of the causes and a commitment to therapy aimed at controlling your symptoms.

HOME CARE INSTRUCTIONS

- Hot sitz baths for 20 minutes, 4 times per day, may help relieve pain.
- Non-prescription pain killers may be used as your caregiver recommends if you have no allergies to them. Some illnesses or conditions prevent use of non-prescription drugs. If unsure, check with your caregiver. Take all medications as directed. Take the antibiotics for the prescribed length of time, even if you are feeling better.

SEEK MEDICAL CARE IF:

- You have any worsening of the symptoms that originally brought you to your caregiver.
- You have an oral temperature above 102° F (38.9° C).
- You experience any side effects from medications prescribed.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have an oral temperature above 102° F (38.9° C), not controlled by medicine.
- You have pain not relieved with medications.
- You develop nausea, vomiting, lightheadedness, or have a fainting episode.
- You are unable to urinate.
- You pass bloody urine or clots.

Document Released: 12/18/2006 Document Re-Released: 03/14/2011
ExitCare® Patient Information ©2011 ExitCare, LLC.