

Introduction

The prostate is a gland located at the base of the bladder, surrounding part of the urethra (the tube that carries urine from the bladder) in men. The prostate also functions in reproduction by producing part of the seminal fluid, which helps to transport sperm. Prostatitis is a common problem, affecting up to 25% of all men, but the diagnosis and treatment can be difficult. *Acute prostatitis* and *chronic bacterial prostatitis* are usually caused by the same types of bacteria that cause urinary tract infections. Prostatitis may also be related to sexually transmitted diseases, such as chlamydia, gonorrhea, or HIV. The most common type of prostatitis is *chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS)*, which is most likely not caused by infection. CP/CPPS is recurrent, the exact cause is not known, and treatment can be challenging. The least common type of prostatitis is *asymptomatic inflammatory prostatitis*.

Prevention of Prostatitis

- Often, the exact cause for prostatitis cannot be isolated, but there are a few suggestions for prevention.
- Maintain good personal hygiene. Keep the genital area clean.
- Sexually transmitted diseases can cause prostatitis. Engage in safe sexual practices—use barrier protection/condoms.
- Seek treatment promptly if you have signs or symptoms of a urinary tract infection.
- There is some evidence suggesting that a diet rich in fruits, vegetables, and fiber may improve prostate health.
- Avoidance of chronic constipation. Constipation may be a contributor to recurrent prostatitis.
- Regular ejaculations may decrease risk of prostatitis.

Asymptomatic Inflammatory Prostatitis

- There are no symptoms.
- Elevated white blood cells are found in the patient's ejaculation fluid.
- This type of prostatitis is usually found when a man has a prostate biopsy or during an infertility or cancer workup.
- Asymptomatic inflammatory prostatitis is not usually treated.
- May cause false elevated PSA labs.

Acute Prostatitis

Symptoms

- Frequent need to urinate
- Feeling the need to urinate urgently
- Inability of urinate completely or dribbling urine
- Blood in urine or semen
- Low back pain
- Burning and/or pain when passing urine
- Rectal or scrotal area pain
- Groin pain
- Lower abdominal pain
- Fever and chills
- Flu-like symptoms
- Inability to get or keep an erection
- Discomfort sitting, particularly on hard surfaces, described as "sitting on tennis ball"

Signs Your Healthcare Provider May Find on Exam

- Urine studies reveal white blood cells, red blood cells, and/or bacteria; however, many times urine is negative.
- Blood tests may show infection throughout the body in acute prostatitis (sepsis).
- Cultures may reveal STDs or other infection (chlamydia, gonorrhea, fungal infection).
- Cystoscopy (exam of the prostate by inserting a scope through the penis and urethra into the bladder) may reveal an enlarged prostate, urethral stricture disease, or other contributing physical finding.

- Pain with digital rectal exam (DRE) (insertion of gloved finger into rectum to examine prostate).
- Discharge from the penis during prostate exam.
- Prostate specific antigen (PSA) – a blood test – may be elevated.
- Fever (temperature greater than 101 degrees Fahrenheit).
- Tenderness in the lower abdomen and/or scrotum.

Treatment

- Acute prostatitis sometimes requires hospitalization and intravenous (IV) antibiotics.
- Oral antibiotics are prescribed for both acute and chronic bacterial prostatitis—usually for at least 4 to 6 weeks, sometimes longer. It is important to take medication exactly as prescribed and to complete the medication to prevent the infection from recurring. In some cases, it may require multiple course of antibiotics.
- Medication to relax the prostate may be given for symptoms of urgency/frequency.
- Medication to shrink the prostate size may be prescribed if prostate is enlarged.
- Anti-inflammatory medications like ibuprofen or naproxen may be prescribed for pain.
- If a man’s prostate is very large (benign prostatic hyperplasia – BPH) and the bacterial prostatitis keeps recurring, surgery to reduce the size of the prostate may be indicated.
- If on cystoscopy – a contributing factor like urethral stricture disease – is diagnosed, surgical intervention to alleviate the scar or narrowing may be recommended.
- See your healthcare provider immediately if the above symptoms continue or reoccur

Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS)

Symptoms

- Recurrent or ongoing pelvic pain, rectal pain, scrotal pain
- Low back pain
- Abdominal pain
- Blood in urine and/or semen
- Prostate area feels “swollen” or uncomfortable; feels like a “tennis ball” in perineum
- Pain with urination
- Painful intercourse
- Difficulty or hesitation with urination

- Depression
- Often associated with other types of chronic pain, such as chronic fatigue, fibromyalgia, and irritable bowel syndrome

Signs Your Healthcare Provider May Find on Exam

- Mild prostate tenderness on digital rectal exam (DRE).
- Muscle spasms on digital rectal exam (DRE).
- Pelvic floor muscle problems.
- Usually there is no fever, no chills.
- No bacterial infection, urine and serum labs typically normal.
- It can be very frustrating for patients with CP/CPPS that often there are minimal or no significant abnormal findings on any of the tests or exams that are done.

Treatment Possibilities

There is no definite, accepted treatment for CP/CPPS.

- Antibiotics do not usually help CP/CPPS, and use of antibiotics can lead to resistance (which means the antibiotics won’t work when you need them).
- Anti-inflammatory medications like ibuprofen or naproxen can help relieve pain.
- If the prostate is enlarged, medication that shrinks the prostate may help.
- Medication to relax the prostate may be used if urination is a problem.
- Physical therapy for pelvic floor muscle rehabilitation.
- Myofascial trigger point release.
- Prostate massage.
- Sitz baths—sitting in a tub of warm water for 15 to 20 minutes.
- Biofeedback.
- Physical exercise.
- Maintain an open line of communication with your clinician.
- Tell your healthcare provider when your symptoms improve and also report if or when your symptoms worsen or recur. The same treatment does not work for everyone.

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Reference

Newman, D. K., Wyman, J. F., & Welch, V. W. (2017). *Core Curriculum for Urology Nursing* (1st ed.). Pitman, NJ: Anthony J. Jannetti.

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