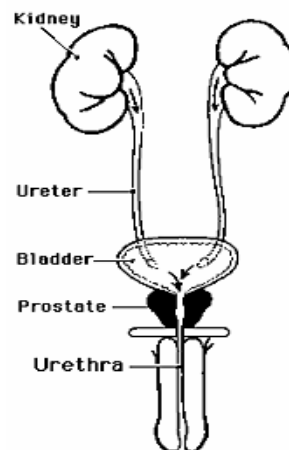


PROSTATITIS

You have been told that you have prostatitis. This is an inflammation of the prostate gland that can be acute (sudden) or chronic (ongoing). The information included in this information sheet is intended to enable you to understand the condition a little better.

The prostate is a muscular gland that usually weighs about 20 grams, is the size and shape of a walnut, and can be felt on rectal examination (DRE). It is located at the base of the bladder and surrounds the urethra (the tube through which urine leaves the bladder). The function of the prostate is to produce liquid for semen (the fluid that carries sperm).



Acute bacterial prostatitis

The prostate usually becomes inflamed when bacteria reach it via the bloodstream, rectum (back passage) or urinary system. Prostatitis may occur if there is a history of a sexually transmitted disease, urinary tract infection or following instrumentation of the urinary tract (eg. cystoscopy). Occasionally acute bacterial prostatitis can be associated with other infections such as HIV or tuberculosis (TB). Sometimes the reason prostatitis develops is unclear.

The symptoms that you may notice include:

- Discomfort or pain behind the testicles (perineum) which may travel to the lower back, thighs, rectum and/or penis.
- General feeling of unwellness including tiredness, chills and fever (high temperatures)
- Difficulty passing urine including frequency (passing urine more often than usual), urgency (a difficulty in delaying passing urine) or urinary retention (an inability to pass any urine)
- Urethral discharge
- Blood mixed in with the sperm (haemospermia)
- Pain on ejaculation (NB - bacterial prostatitis is not contagious and a sexual partner cannot catch this infection)

Signs that your doctor may find on examination:

- A very tender prostate gland on rectal examination which may be enlarged and hot to touch.
- Bacteria present in the midstream urine specimen.
- Signs of the presence of infection in your body (blood test)
- An elevated prostate specific antigen (PSA) level (blood test)

Treatment

Where possible treatment is based on finding the organism causing the infection and treating it with the appropriate antibiotic. This treatment may involve hospitalisation so that the antibiotics can be given directly into your bloodstream or a course of oral antibiotics taken as an outpatient.

When taking oral antibiotics, it is very important that the entire course is completed to reduce the risk of the infection reoccurring. Repeat infections can cause long-term pain and are difficult to treat.

Treatment is also aimed at relieving the symptoms you may be experiencing.

- Discomfort and/or pain will be treated with pain-relieving medications and rest. You may find soft cushions or warm baths help relieve the discomfort of sitting.
- If you are in hospital, the nursing staff will monitor your temperature. If you have chills and/or fevers, you will be encouraged to drink plenty of fluids. Regular paracetamol will also help keep you comfortable.
- If you are unable to pass urine, you may require a urinary catheter to empty your bladder.

Chronic bacterial prostatitis

If you have repeated urinary tract infections or the treatments mentioned above do not successfully treat the acute prostatitis, the symptoms may reoccur or become chronic (ongoing). In this case, a long-term course (three months) of antibiotics will be necessary. Anti-inflammatory medications may also help. However, chronic prostatitis can be very difficult to resolve and some individuals do not respond fully to these treatments.

Nonbacterial prostatitis

Although nonbacterial prostatitis is the most common form of prostatitis, little is known about it. Symptoms often go away and then return without warning. Many doctors treat nonbacterial prostatitis with antibiotics as above but medications called alpha-blockers may also be helpful.

Prostatodynia

This is a pelvic pain syndrome in men who have no history of urine infection and in whom all investigations are normal. Antibiotics do not help. There is some evidence to suggest that prostatodynia is related to a voiding dysfunction and alpha-blockers may be prescribed. Another group of medications called 'tricyclics' may also help. Additionally, you may be advised to seek counselling (for stress), or try acupuncture, warm baths, lifestyle changes, weight loss, increased fitness and dietary modifications (e.g. decreased alcohol and coffee). Some urologists also believe prostatic massage is helpful.

Prevention

There is much in the media, on the internet and in health shops (but no firm evidence) about preventing prostate problems. Selenium, vitamin E, lycopenes and zinc may have a role in the health of the prostate.

Summary

Whilst symptoms of acute, chronic, nonbacterial prostatitis or prostatodynia can be difficult to treat, prostatitis can be managed. Any treatments given to you by your doctor should be followed even if your symptoms have improved.