MANAGING YOUR PROSTATITIS

What Is Prostatitis?

The prostate is a walnut-sized gland in the male reproductive tract. It lies in front of the rectum, just below the bladder, which stores urine. The prostate surrounds the urethra (tube that takes urine out of the body). Prostatitis refers to inflammation of the prostate gland. The swollen, painful gland can make it hard to urinate. About 50% of men may have prostatitis sometime in life.

Prostatitis can be subdivided into four disorders. Acute bacterial prostatitis is least common, usually seen in young or middle-aged men. Chronic bacterial prostatitis is rather uncommon, usually found in men with a problem in the prostate. The most common is chronic pelvic pain syndrome (CPPS), or prostatodynia. Men have prostatitis symptoms but without inflammation or bacterial infection (few or no infection-fighting white blood cells in prostate secretions).

Nonbacterial prostatitis refers to inflammation with infection-fighting white blood cells but no bacterial infection.

What Causes Prostatitis?

Bacteria causing acute and chronic prostatitis get into the prostate from the urethra by backward flow of infected urine.

Prostatitis may also result from sexual contact, infection with chlamydia or mycoplasma, or chemical or immune reaction to urine.

Muscle spasm may cause CPPS.

What Are the Symptoms of Prostatitis?

Common symptoms are fever, chills, pain when urinating, urinating more often than usual, pain in the lower back or penis, and slow urine stream. Sometimes, symptoms are severe and start suddenly. Other times, symptoms are milder and start slowly. Chronic bacterial prostatitis may cause no symptoms, but bloody urine, incontinence, or bladder infection may occur. Additional symptoms of nonbacterial prostatitis or CPPS are pelvic pain and urgent, burning, or nighttime urination.

How Is Prostatitis Diagnosed?

The health care provider may suspect prostatitis based on your symptoms. He/she may examine the prostate by doing a rectal exam (inserting a gloved finger into the rectum). The gland may feel warm, tender, and swollen. A tender prostate suggests acute bacterial prostatitis. An enlarged prostate is common in chronic bacterial prostatitis. Men with nonbacterial prostatitis or CPPS may have a normal prostate.

The health care provider may check samples of urine, prostate gland fluid, and blood for infection.

How Is Prostatitis Treated?

Antibiotics are usually given for acute bacterial prostatitis for 14 days to 4 weeks. More serious infections may need intravenous antibiotics. Men with chronic bacterial prostatitis usually take antibiotics for 4 weeks. Relapses or infections that don’t clear up may need long-term antibiotics. Nonbacterial prostatitis and CPPS may need no specific treatment other than ibuprofen or similar pain-relieving medications.

DOs and DON'Ts in Managing Prostatitis

- ✔ **DO** finish all the antibiotic medicine when prescribed by your health care provider.

✔ **DO** tell your health care provider about medicines you take for other illnesses.

✔ **DO** call your health care provider if you have burning or pain with urination or you see blood in the urine.

✔ **DO** call your health care provider if you have symptoms plus fever, chills, and sweats.

✔ **DO** call your health care provider if you have urinary frequency, urgency, or nighttime urination or if you leak urine.

⊗ **DON'T** ride a bicycle. This puts pressure on the prostate gland.

⊗ **DON'T** eat foods or drink alcohol if they make symptoms worse.

⊗ **DON'T** stop taking your medicine even if you start to feel better.

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FOR MORE INFORMATION

Contact the following source:

- The Prostatitis Foundation: Tel: (888) 891-4200; Website: http://www.prostatitis.org