

Patient information

Prostatitis Explained

Introduction

Our aim is to help all those affected by prostate problems whether it is the benign condition BPE (an enlarging prostate), the benign disease prostatitis or prostate cancer. It is anticipated that most of our information will be suitable, relevant and helpful for men and those born biologically male who still have a prostate. However, there might be times when your health care (such as appointments and treatment(s)) may be slightly different from our information. Our information will not be applicable for those men born without a prostate. Most of our publications will use the term 'you' but there may be times that we will have to use the terms man, men or male.

It might be helpful if you are comfortable and willing to make your healthcare team aware of your gender identity so that they can provide the most relevant information and appropriate health care for you.

Prostatitis (prost-a-ty-tus) is a common prostate problem for men under 50 with the most common age being between 30 and 50, but it can affect men of all ages from late teens onwards.

Prostatitis is often described as inflammation (swelling or irritation) of the prostate, but bacterial infections (germs) can also cause prostatitis.

Once your GP or urologist has diagnosed your symptoms as prostatitis, then the outlook tends to be good. There are many treatments available, and your GP or urologist will work with you to find the treatment(s) most suitable for you depending on the type of prostatitis you have. For this reason, it may take slightly longer for some men to see an improvement in their symptoms.

It may be reassuring to know that prostatitis is neither connected with cancer nor does it mean there is an increased risk of developing prostate cancer in the future, but it can cause worrying symptoms.

(The information that follows about prostatitis is meant as general guidance. As procedures may vary slightly from hospital to hospital, ask for more advice from staff at the hospital you are attending. If you have been given any specific guidance by the hospital, then it is important that you follow their instructions.)

There are different types of prostatitis.

It's important to explain to your GP or urologist how you feel, give details of all your symptoms, how and when your symptoms started, if you have had any examinations for your bladder or prostate recently and if you have had any urinary tract infections recently. This will help them make a diagnosis of the type of prostatitis that you might have.

Chronic prostatitis/Chronic pelvic pain syndrome (CP/CPPS) Pages 5 - 20

These are by far the most common types of prostatitis and account for the majority of those diagnosed with prostatitis. These are not caused by a bacterial infection. This can affect men from late teens onwards.

Chronic bacterial prostatitis (CBP) Pages 21 - 22

This is not common. For some chronic bacterial prostatitis may follow a bout of acute bacterial prostatitis. Symptoms usually develop slowly but can remain over a long period of time.

Acute bacterial prostatitis (ABP). Pages 23 - 25

This is the least common type of prostatitis. It is caused by bacteria (germs) finding their way into the prostate leading to swelling and inflammation of the prostate.

Asymptomatic inflammatory prostatitis (AIP) Page 25

Those with asymptomatic inflammatory prostatitis (AIP) do not have any symptoms, pain or discomfort even though their prostate is inflamed. AIP is generally found when having tests or examinations for another condition. With AIP no treatment is necessary.

There is more information on all types of prostatitis, symptoms and treatment in this booklet.

About the prostate

If you don't know what your prostate is, where it is or what it does, you're certainly not alone. In fact, most people don't know. As prostatitis affects the prostate here's what you need to know.

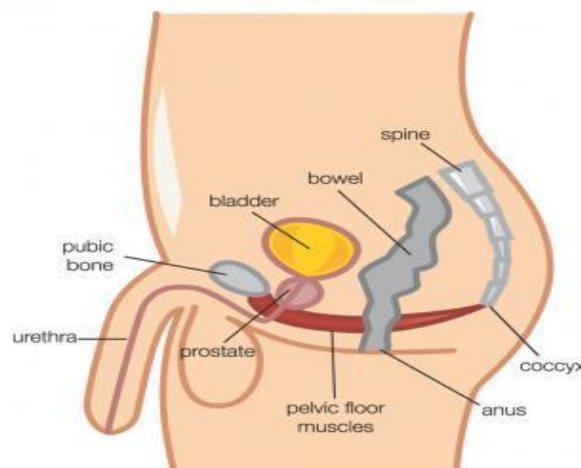
Only men, those born biologically male and transgender women have a prostate. The prostate starts out about the size of a pea then slowly grows reaching about the size of a walnut when you are in your 20s. Around the age of 40 it starts to grow or enlarge again, and this may cause you problems when passing urine or not being able to pass urine.

Where is it?

The prostate is found inside the pelvis, just below the bladder and in front of the back passage. It wraps around the tube, called the urethra, which allows urine to flow out of the bladder and, for some, semen to pass out through the penis. Therefore, the prostate cannot be seen or checked from outside the body.

What does the prostate do?

It supplies a thick, clear fluid that mixes with sperm to form semen, called the ejaculate. This fluid helps to nourish and protect sperm during intercourse. The prostate also makes Prostate Specific Antigen, or PSA which is a protein that makes semen more fluid and so helps sperm to move more easily. Some PSA naturally leaks out into the blood. PSA can be detected with a simple blood test which allows doctors to assess certain conditions of the prostate.



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What are the pelvic floor muscles?

The floor of the pelvis is made up of layers of muscle, ligaments and special tissue called connective tissue. This is the pelvic floor muscles (PFM). They are like an elastic hammock inside your body. They stretch from your pubic bone at the front of your body through to the coccyx, the small bone at the bottom of your spine and from side to side.

PFMs support the bladder and the bowel, as well as having some other functions.

There are two openings in the PFMs to allow the urethra (waterpipe) and the back passage to pass through. Normally, the openings for the urethra and back passage through the PFMs are quite tight helping with control of the urethra and back passage.

What tests might my GP or Urologist do?

There are tests that the GP or Urologist might do to help them understand why you might have the symptoms and what might be going wrong with the prostate. These tests help them make a diagnosis and recommend what type of treatment(s) may be the most suitable in your particular circumstances.

You might not have all of these tests as they will select the tests that are most suitable for you.

Urine tests

You will probably be asked for a mid-stream urine sample. (Mid-stream means that you pass some urine into the toilet/urinal, collect a little urine in a container then finish in the toilet/urinal) Your GP may do a quick test with a special dipstick to show if there is an infection in your urine.

A urine sample may also be sent to the lab for more tests and to prove that there is an infection and find out what kind of infection it is.

Physical examinations

To help find out what might be the cause of your symptoms your GP may ask to examine your abdomen (the area between your chest and pelvis often called your belly, tummy or stomach) and potentially do a genital examination. This will possibly be to check your penis, scrotum, perineum and possibly back passage.

Digital Rectal Examination (DRE)

This may be one of the examinations your GP or urologist may do as it gives an idea of the shape, size and condition of your prostate. However, if you are in too much pain or your prostate is feeling tender, they may not carry out this examination. If you do have a DRE, the GP or urologist will very gently touch/press the prostate.

For the examination, you will be asked to lie on the bed on your left side with knees bent up towards your chest. The GP or urologist will slide a gloved finger into your rectum or back passage to feel or press gently to examine your prostate. The DRE only takes around 30 seconds. Some may feel it is a bit uncomfortable or may feel a bit embarrassed when having a DRE. The GP or urologist may ask how much pain you're feeling during the examination so let them know if the examination is too painful.

As transgender women still have a prostate, they can be diagnosed with prostatitis even though they have had gender affirming hormone therapy or gender affirming surgery. If you have a vagina the doctor will gently slide a gloved finger into the vagina to feel/examine the prostate through the vaginal wall. If you have not had surgery to form a vagina, then the doctor will gently slide a gloved finger into your rectum (back passage) to feel the prostate through the bowel wall.

Blood test

The GP/urologist may take a blood sample and send this off to the lab to check for any signs of infection.

Prostate Specific Antigen (PSA) blood test

PSA is made in the prostate and a small amount 'leaks out' into the bloodstream so it's normal for a man to have some PSA in his blood. This is called the PSA level. If the prostate is affected by disease in some way, then more PSA can leak out. So, the GP or urologist may take a sample of blood from your arm to measure the amount of PSA in your blood. This is called your PSA level. If there is infection or inflammation in the prostate, the PSA level will most likely be raised.

Swab

If there is a possibility that you may have a sexually transmitted disease (STD) then your GP or urologist may refer you to the Genito Urinary Medicine (GUM) clinic for more tests and treatment.

Cystoscopy

This may be one of the tests that the urologist does.

The urologist will gently pass a small tube, which has a camera on the end, up through your penis into your urethra. It may be done with a local anaesthetic or general anaesthetic depending on whether a flexible or rigid tube is used. This is to examine your bladder and your urethra. The whole thing should take only a few minutes. The urologist may do a prostate massage at the same time as doing the cystoscopy. Afterwards, you may feel a bit sore or have a burning feeling when you pass urine, or you may see a little blood in your urine. This should stop after a few days. If it doesn't, or you find it difficult to pass urine, contact the hospital or your GP.

Trans Rectal Ultrasound Scan (TRUS)

Another test the urologist may do is a TRUS.

Sometimes to get a better picture of your prostate and urinary tract (this can mean your kidneys, tubes from the kidneys called the ureters, bladder and urethra which is the water-pipe) you will be asked to have a Trans Rectal Ultrasound scan.

A small ultrasound device is gently passed into your back passage. It works by sound waves giving a clear picture of your prostate on a screen which the GP or urologist can see. You may find this uncomfortable, but it shouldn't hurt, and it shouldn't take too long. You will possibly need to make sure you have a bowel movement, so your back passage is empty before going for your appointment.

Urine flow test

This is a simple test that your urologist may ask you to have done.

A special machine measures how fast you pass urine and how well the bladder empties. All you do is pass urine into a funnel shaped container and all the measurements are done automatically by the flow rate machine.

The test works best if you pass a lot of urine so you might be asked to go into the hospital with a comfortably full bladder, or you might be given water to drink and wait till your bladder is full. If you have a long journey to hospital and you think this may cause a problem, then drinking some fluid before you leave and topping up with more fluid when you arrive at hospital may be a possible solution for you.

Chronic Prostatitis

Chronic prostatitis means that you have persistent/constant symptoms for more than 3 months that don't go away. Symptoms such as pain may develop more slowly and although symptoms may not be as severe, they persist for a long time and can be quite debilitating/weakening.

For some, chronic prostatitis can have a significant effect on their quality of life.

It is most common between the ages of 30 – 50 years, but men of any age can get it.

Chronic prostatitis is divided into 2 types:

- i. **Chronic prostatitis (CP) and chronic pelvic pain syndrome (CPPS).** This is the most common type of prostatitis and accounts for the majority of those with chronic prostatitis.
- ii. **Chronic bacterial prostatitis (CBP).** CBP is not common as it affects less than 10% of men with chronic prostatitis.

Chronic prostatitis (CP) and Chronic Pelvic Pain Syndrome (CPPS)

CP/CPPS is the most common type of prostatitis. It can affect men and those born biologically male from late teens onwards.

It is usually the diagnosis the GP or urologist makes if there is constant discomfort or pain in the lower pelvic area and the pain has lasted for 3 months or more.

The pain can range from being moderately severe to severe, with those affected possibly being in pain quite a lot of the time. It can cause a lot of worry and distress and may have a major impact on quality of life.

You, the urologist or GP will need to work together to find a solution that works best for you as there isn't a simple, single treatment that works for everyone. It will most likely be a tailored range of treatment(s) to suit you as an individual. Those who use/try different treatment options for their CP/CPPS usually achieve the best results in helping with or getting rid of their symptoms.

What can cause it?

Although this is the most common type of prostatitis, exactly what causes it isn't known. There are lots of ideas about what may cause it, and infection and inflammation may be possible triggers.

These ideas include:

- Increased tightness in the pelvic floor muscles (see diagram on P2) causing spasms and pain.
- If the pelvic floor muscles are tightening or in spasm this might hinder urine flowing down the urethra (water pipe) forcing urine to filter back up into the prostate. This might cause irritation and inflammation in the prostate.
- Nerve inflammation or irritation affecting the prostate and the pelvic area. The pelvic area includes the lower part of your tummy, your groin and genitals.
- Antibodies that normally fight infection may be attacking the cells in the prostate.
- Stress, anxiety and depression.
- A germ that has not yet been pinpointed finding its way into the prostate.

Risk of CP/CPPS

The risk of CP/CPPS increases as you get older.

Common symptoms of CP/CPPS

Pain:

- Around the penis often spreading to the tip of the penis.
- In the perineum (the area between the scrotum and back passage).
- In the testicles.
- In the groin area or inner thighs.
- When having a bowel movement.
- In the lower back.
- Having general aches and pains and feeling tired.
- Pain may vary in how bad it is from day to day with some days not having any pain.
- It may appear suddenly or develop gradually.

What you might experience when passing urine:

- Having some pain or a burning feeling when passing urine.
- Passing urine more often and having to get to the toilet quickly.
- Having some difficulty in starting to pass urine then having a weaker stream.
- Having to get up often during the night to pass urine.

Problems with intimacy

You may find:

- Difficulty in getting and keeping an erection.
- Lack of interest in having sexual intercourse.
- Pain during or after ejaculating.
- The pain is worse after having sexual intercourse.

Quality of life

- Feeling anxious, worried and distressed.
- Feeling quite stressed.
- Depressed.
- Low mood.
- Unable to work, take part in leisure activities or social activities.

Asking you for more information about symptoms

Your GP, urologist or CNS may undertake a few questionnaires with you to assess or measure your symptoms. These may include questionnaires such as:

- Your quality of life looking at work, being off work, leisure activities and social activities.
- An IPSS questionnaire (or International Prostate symptom Score) so they have a better understanding of how severe your water work symptoms are.
- How your sexual function (ability to achieve and maintain an erection) is being affected.
- Understanding your pain – where it is, when it happens, what kind of pain you feel, how severe it is and how long it lasts for.

Is there anything else?

Your GP may refer you to hospital to see a specialist called a urologist.

What treatments are there for CP/CPPS?

Antibiotics

You will possibly be given a course of antibiotics for about 4 - 6 weeks or perhaps even longer. If the symptoms of CP/ CPPS haven't cleared up after this course of antibiotics, then you may be given a longer course (up to 12 weeks) or the urologist or GP may try using a different antibiotic. The length of time on antibiotics will depend on the type of prostatitis and which antibiotic has been prescribed.

From studies it seems that it is even more beneficial to prescribe an alpha blocker alongside an antibiotic. (see below)

Alpha Blockers

Your urologist or GP may prescribe a type of drug known as an alpha blocker. There are different kinds of alpha blocker e.g. Tamsulosin and Alfuzosin. These drugs relax the muscle around the prostate and the base of the bladder and so help to relieve any spasms or muscle tightness that contribute to pain when passing urine. Your urologist or GP may advise you to take these to see if your symptoms improve.

Other medications

Painkillers such as paracetamol or ibuprofen may help with pain. If this is not helping, then your urologist or GP may prescribe a slightly stronger painkiller.

Non-steroidal anti-inflammatory drugs (NSAIDS) may sometimes be prescribed. These are mainly used to treat inflammation, relieve pain and bring down your temperature if it is high. However, these are not suitable for everyone and can sometimes cause side-effects. The most commonly used include ibuprofen, naproxen, diclofenac. Your GP or Urologist may prescribe these if necessary.

Constipation

Constipation is having problems passing motions or stools – your poo. As your prostate lies next to your bowel any motions lying in your bowel could press on your inflamed prostate causing some pain.

There are 3 ways to tackle constipation:

1. Your diet and drinking enough fluid

Try to avoid becoming constipated and straining to pass a motion as this could lead to some additional pain. To help ease constipation, try making some changes to your diet by having plenty of fruit and vegetables (at least 5 portions every day), switching to wholemeal or seeded bread and wholegrain breakfast cereals so you increase your fibre intake.

Fluid

It's advised that you take around 2 litres of fluid each day. A lot of that will come from drinks like tea and coffee, juice, soups etc. Including drinks of plain water or with a sugar free squash is a great choice.

2. Laxatives

If constipation continues to be a problem, then you may need a gentle laxative for a few days. Ask your local pharmacist or GP for more advice on what to take to help with constipation. It is best not to become reliant on taking a laxative regularly though as this could upset the normal contractions in the bowel that helps you pass a motion.

3. Trans anal irrigation (TAI)

This means passing water at the same temperature as your body temperature into your bottom and lower bowel. The water might be passed into your bottom using a special, soft, flexible tube called a catheter or you may be provided with a special irrigation kit.

However, this is **not** something that is commonly used. Indeed, you would need special medical instructions on how to do this. It may be an option for selected patients, but it is **not** recommended as a technique for everyone.

Prostate massage

Some men find it helps to have their prostate massaged, as prostate fluid is released and reduces pressure inside the prostate. As it's not clear whether this might help all men, you should discuss prostate massage with your urologist or a physiotherapist who specialises in male pelvic pain. Prostate massage would not be recommended if the prostate is very inflamed and painful.

Specialist physiotherapy

It is important to note that specialist physiotherapy for CP/CPPS will most likely **not** be available on the NHS although there may be private practitioners in your local area.

Chronic pelvic pain can have an origin in the myo-facial system. This can be assessed and treated by a specialist physiotherapist. This involves hands on treatment techniques of retraining of the pelvic floor combined with relaxation.

Accurate assessment of this condition by an experienced physiotherapist is an essential step in identifying the problems with this type of pain. Symptoms can be similar to acute and chronic bacterial prostatitis. However, cultures are always negative with this type of chronic pelvic pain. (*Cultures means that samples of body tissue or fluids are taken to find out if any germs/bacteria are present that could cause an infection*).

Various studies have shown that treatment that focuses on pelvic floor muscle patterns and improving movement in the pelvic floor muscles (PFMs) and special tissue called connective tissue can be very helpful and successful in helping with CP/CPP.

What does this mean?

Muscles at rest have a level of tone. When muscles contract the tone increases. In CP/CPP this increased tone can make the muscle ache. If this is allowed to continue the muscle contraction becomes a cramp. This can cause quite intense pain and discomfort.

The aim of the treatment or physiotherapy is to get the PFMs moving again, training them to relax, lengthen and stretch. The physiotherapist might help in other ways like helping deal with stress which can cause PFMs to tense up, dealing with problems of how you sit, lift and bend.

How to find your pelvic floor muscles.

Your pelvic floor muscles run from the coccyx (little tail bone at the bottom of your spine) to the pubic bone at the front of your pelvis and from side to side. Perhaps imagine a thick flat cord or hammock spreading out in the floor of your pelvis.

When you go to the toilet, try to stop or slow the flow of urine midway through emptying your bladder. If you can do this, you are squeezing the correct muscles.

DO NOT repeat this - this is NOT an exercise, but only a way to identify the correct muscles.

How to start moving your pelvic muscles.

Stand in front of the mirror with no clothes on. Breathe in and do nothing, when you breathe out, tighten your pelvic floor muscles by drawing the base of your penis into your abdomen.

Your back passage will tighten too but it is not the focus of the exercise.

When you relax your muscles, you should feel a sensation of letting go and your penis will lengthen. This **RELAXATION** is the main aim of the exercise.

Training your pelvic muscles to relax, lengthen and stretch.

Correct technique is very important when exercising your pelvic floor muscles in CPP. The aim of the exercise is to down-train the pelvic floor by focusing on relaxing the muscles and coordinating the relaxation with breathing out.

You should feel a small 'lift and a squeeze' inside your pelvis as you breathe out. Your lower stomach may flatten slightly but try to keep everything above the belly button relaxed, as you continue to breathe out. After a contraction it is important to focus your efforts on relaxing the muscles. This will allow the increased tone in your muscles to soften and relax.

The relax, lengthen and stretch exercises can be performed two or three times per day. A daily routine of relaxing your pelvic floor muscles will help develop a connection and awareness with the area and help reduce the feeling of tension.

Helpful references

<https://www.youtube.com/watch?v=NnqAkM9r2a8>

<https://fusionwellnesspt.com/blog/yoga-therapy-to-ease-prostatitis-and-chronic-pelvic-pain>

Understanding pain with CP or CPPS

Prostatitis can lead to some men experiencing pain. Pain is pain you might think – so are there different kinds of pain?

Acute pain.

Is generally a warning system. This kind of pain can happen straight away when we have hurt or damaged something in our body like breaking a leg, twisting an ankle, cutting a finger or it can start gradually and build up like the pain with appendicitis. This pain normally goes away as the area starts to heal or is treated, sometimes taking a few hours, sometimes weeks but usually no longer than 3 months.

Persistent pain.

You may also hear this called chronic pain. Chronic doesn't necessarily mean that the pain is more severe or getting worse but that it lasts longer than acute pain. It can start off gradually and build up. This kind of pain is more likely to do with the central nervous system (CNS).

(There are 2 parts to the Central Nervous System - the brain and the spinal cord. The brain manages everything that our body does like thinking, moving learning, talking, feelings, breathing, our hearts beating.

The spinal cord is the messenger system that carries messages back and forth between the brain and the rest of the nerves which spread throughout our bodies. So, this system will carry any messages of pain.)

The pain system (the nerves, spinal cord and the brain) can be thought of as a bit like a fire alarm system in a large building. There are smoke detectors in each room (pain receptors), and electrical wires (nerves) that connect the smoke detectors to the central control panel (brain).

In this example a smoke detector system is used to help you picture how the pain system works in your body) - if we pull a muscle, it's like a smoke detector has sensed smoke, and so it goes off, sending an electrical signal along the wires to the control panel. The control panel lights up to indicate the alert. This is like the brain registering pain in the part of the body where the pulled muscle is. This is how the system works with acute pain as described above.

However, in chronic pain, it's as if the smoke detector, wires and control panel are triggering the alarm, even when no smoke is present. For the person looking at the control panel, there is no difference between the alarm being triggered by smoke (damage or injury to the body) or the alarm system going off due to a fault in the wire, detector or control panel – they are just aware that the alarm system is going off.

Chronic pain is real, it is not imagined or in your head. But it does not necessarily mean that your body is being injured or damaged. It could be a fault in the smoke detectors

(muscles, organs) the wires (nerves) or the control panel (brain). This however is where the example runs out.

If there really was a fault in an alarm system like this, we could replace the faulty parts. We do not yet possess the medical technology to be able to replace or fix pain receptors, neurons or the brain. These parts are just too complex for us to fix fully. That means that when pain becomes chronic, we need to learn how to live with it as well as possible and to maintain normal activity as much as we can, even when we have pain.

Helpful references

Please be aware that Prostate Scotland isn't responsible for external websites or references.

https://www.health.tas.gov.au/sites/default/files/2024-06/css_-_physiotherapy_-_understanding_persistent_pain_booklet.pdf

https://www.ed.ac.uk/sites/default/files/atoms/files/understanding_pain.pdf

Coping with pain

Pain can vary from person to person, and it can sometimes be difficult for them to describe the type of pain they feel.

Only the person who has the pain can really say how painful something is. It may not be easy to explain how much the pain is affecting you as no two people feel pain in the same way. You know your pain, even though it can't be seen or measured, so it can make it a bit more difficult to treat. Your urologist, CNS or GP may ask you to fill in a pain questionnaire. If the pain is severe and ongoing, some men may be referred to a doctor/clinic who specialise in the treatment of pain.

You may not find it easy to cope if you are in pain every day or if the pain is severe. However, there are often a number of steps that can be taken to reduce the impact that pain has upon your life.

So, what can be done?

It may help to keep a diary of the pain you are feeling. This will help the urologist, CNS, GP or pain specialist understand your pain better and may lead to ways to help you deal with the pain.

Try to record:

Day and date.	This can also include the time the pain started. How long the pain lasted for. What time does it feel a bit better and what time is it at its worst. Eg morning, afternoon, evening, during the night.
Activity	What were you doing when the pain started or got worse? At work, going for a walk, waiting for the bus/train, shopping, driving home, at the gym etc
Location	The area in your body that you had the pain and if the pain moved. If the pain was constant or eased off, then came back again. If the pain is worse in some areas than others?
Describing the type of pain.	Hot, sharp, dull, aching, heavy, slight, cramping, shooting, stabbing, throbbing, flaring, burning.

Intensity	<p>How painful it felt.</p> <p>You could try rating how painful it is by using a scale between 0 – 10.</p> <p>0 means no or very little pain</p> <p>10 means the pain is at its worst or unbearable.</p>
Interferes with your life	<p>How much the pain actually stops or limits what you have to/want to do in your day. This could mean:</p> <ul style="list-style-type: none"> • Limiting what you can do at work or having to be off work. • Everyday jobs – cooking, shopping, cleaning, cutting the grass, washing the car • Limiting your social life and hobbies <p>You could try rating how much this interferes by using a scale between 0 – 10.</p> <p>0 means the pain has little effect on my life.</p> <p>10 means the pain has a huge impact. It stops me from getting on with my life, no enjoyment, affects my relationships and affects me financially.</p>
Affects your mood	<p>How do you feel when you're in pain?</p> <p>Scared, worried, anxious, angry, sad, frustrated, bad tempered, short tempered, grouchy, stressed, depressed or feeling very low.</p>
Affects your sleep	<p>Do you manage a full nights' sleep?</p> <p>How long does the pain keep you awake during the night eg a couple of hours through to most of the night?</p>
Action	<p>What do you do that helps you get through the day and cope with your pain?</p> <p>Taking your pain medication, breathing techniques, relaxation exercises, doing something else like going for a walk, phoning a friend.</p>

By doing this it might help you to see if there is any pattern to the pain. A diary like this might also make it easier for your health care team understand what you are going through.

Your urologist, CNS or GP may refer you to a pain specialist clinic where they specialise in finding treatments which help with your pain. You can find example of pain diaries if you type 'pain management diary' into your search engine and choose one that would work for you.

A couple of examples:

<https://www.sapnamed.com/blog/what-is-a-pain-diary/>

<https://www.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/9711-10061/mac11670-pain-diary-2022>

<https://www.nhsinform.scot/illnesses-and-conditions/mental-health/mental-health-self-help-guides/chronic-pain-self-help-guide/>

Pain management services vary from hospital to hospital. It may be a consultant, working on their own who is interested in helping people cope with pain, whereas in other places there may be a team of people who are involved, e.g. doctors, psychologists, specialist nurses, physiotherapists, occupational therapists and pharmacists.

They may run pain management programmes which bring together a group of patients with similar pain problems to look at how best to tackle them and lead as active a life as possible.

It is important to try to explain your pain to your GP, urologist or CNS to help them to understand it, and to help them work with you to find a solution.

Being in constant pain can affect all parts of your life as it can lead to:

- Limiting the things you can do, disturbing your sleep, losing your self-esteem, losing your appetite, losing weight, being more anxious and worrying, feelings of being left out, and it can have an impact on your work.
- Family, friends and others constantly asking how you are and limiting what they think you should do.
- You are feeling a bit low and possibly becoming depressed.

If this sounds like you, then it's important to help those involved in your treatment understand just how you're feeling.

Fear of pain or the pain coming back

Being in constant pain or almost constant pain can have a very negative effect by making us focus on the pain and worrying about it all the time.

It can even make us think an activity is going to cause us pain or maybe even make the pain worse. So, we avoid activities or situations that we think might make the pain worse.

This can sometimes lead to avoiding things that you have to do in your everyday life like – walking, working, exercising and sometimes showering and dressing.

When you start to worry excessively and focus on your pain or start to anticipate or expect that an activity you will give you pain or more pain, it starts to limit what you can do or try to do even more. So how can you break this cycle?

Helpful references

Please be aware that Prostate Scotland isn't responsible for external websites or references.

<https://www.pathways.health/blog/overcoming-fear-of-chronic-pain/>

Setting yourself some goals.

How often when you're having a good day with less pain you just try to do far too much and overdo it doing all the jobs that you need to in one go. Then on a bad day you do very little. Over time, this 'boom and bust' approach leads to less activity. It's better to start small and pace yourself, then gradually increase your activity with goal setting.

What does goal setting mean for you?

Basically, it means that you decide what you want to do or accomplish, plan the steps along the way and decide how long you think it might take. These can start off with the simplest of tasks, gradually building up but it will often take a bit of hard work and lots of willpower, but you can do it!

It can be broken down into steps:

Step 1

Think about what is important to you.

- Going for a walk
- Doing or helping your partner with household tasks
- Washing the car
- Going to the cinema
- Playing with your grandchildren
- Getting back on the golf course

Step 2

Make lists of tasks/activities you consider essential, are necessary, would like to be able to do. Once you've done this score out those that are really not necessary.

Step 3

Break down some of the bigger tasks/goals into smaller amounts. For example, you may have completed 10,000 steps most days in the past. Break this down to 1000 then increase gradually. You might have taken your grandchildren to the park for an hour but aim for 10 minutes then increase gradually. You might have played golf or bowls for a few hours each time so start off with a few holes of golf or 10 minutes bowling then gradually increase.

Step 4

Plan your week out whenever you can so you're not doing all the heavy tasks on a 'good day' and very little on a 'bad day'. Try to balance these out throughout your week.

Pacing

Pacing yourself really means **you** learning to find a good balance between the time you can spend on an activity/exercise and when you should take a rest or a break before it becomes too much for you. If it's difficult to find this balance it could cause you pain, increase your pain or you become too tired.

So, it's not about stopping activities/exercise that you enjoy but finding the way to manage these by:

- Breaking up tasks into smaller bits
- Taking lots of short breaks during the activity
- Increasing the amount that you do little by little

<https://healthtalk.org/experiences/chronic-pain/pain-management-pacing-and-goal-setting/>

Relaxation and meditation

You may be advised to try stress management, relaxation techniques or a body massage to help cope with persistent pain. For example, different breathing techniques, relaxation may include yoga, Pilates or tai-chi.

It might also be very helpful to learn how to relax the PFMs muscles when the pain starts. This is so the sequence of pain-muscle spasm-pain can be disrupted. In the case of contracted/shortened PFMs muscles, just relaxing them isn't enough, they must also be stretched so they recover their length and function.

There is lots of evidence that mindfulness meditation can help when living with a pain problem. You can try listening to this guided meditation for ten minutes, to learn how to practice meditation:

<https://soundcloud.com/search?q=guided%20mediation%20for%20pain>

Cognitive behaviour therapy (CBT)

If pain is having a big impact on your feelings and activities, you may be referred for CBT. This is a type of treatment that's called a talking therapy. It gives you the chance to talk with a trained therapist about your fears, anxieties, low mood and also can be used to help manage chronic pain. It can be done on an individual basis or as group session.

The aim of the sessions is help you look at the way you think and what you do. It's centred around the idea that thoughts, feelings, behaviours and physical sensations are all linked. It looks at the overall picture of your life. Therapists can help you identify where potential problems are then break down large problem(s) or issue(s) into smaller parts. Working together you and the therapist can help you overcome one issue at a time. Then, potentially moving onto the next small issue. They help you improve the way you are feeling by using tried and tested methods.

Treatment of sexual dysfunctions and chronic pelvic pain

- Couples often benefit from seeing a relationship counsellor early on in their treatment or during their treatment.
- Exploring other ways of being intimate other than sexual intercourse.
- Passing urine before and after intercourse. Perhaps washing intimate areas.
- Perhaps using an ice pack on the genital area.

Complementary therapies

Although complementary therapies will not be available through the NHS, ask your urologist, CNS or GP for more information and **always ask** if these might be suitable in your particular circumstances. Not of all of the following complementary therapies might be suitable for everyone.

If you are already using some complementary treatments, you **should** let your urologist, CNS or GP know.

Phytotherapy

This is another avenue that is being looked into. Phytotherapy uses plants, herbs or ingredients that come from plants to manage health conditions. It's a form of complementary medicine. Before using any herbal or complementary therapies always let your GP, Urologist or CNS know. Make sure you buy these from a reliable supplier. Some studies have shown the following might help improve symptoms:

Cernilton, a pollen extract was found to help symptoms generally but in particular pain.

Deprox 500 is another pollen extract. It was found to help with overall symptoms, pain and may help improve quality of life.

Quercetin is an antioxidant and anti-inflammatory. It was also found that it may help improve symptoms.

Botulinum toxin injected into the pelvic floor or prostate was found to have a modest effect on improving symptoms.

Acupuncture

There have been some studies done on using acupuncture for prostatitis. Acupuncture involves placing needles into various places in the body known as acupoints and manoeuvring these needles.

Some studies have shown that just over half of the men who had acupuncture found an improvement in their symptoms. It seemed that these improvements lasted for many months.

It isn't clear how acupuncture might lead to an improvement in symptoms, but some suggestions include that stimulation at acupoints:

- Promotes the release of naturally occurring endorphins which help relieve pain, reduce stress and improve your sense of well-being.
- Have an anti-inflammatory effect.
- Knowing that you are having acupuncture as a treatment may improve your mood leading to a more positive feeling of well-being resulting in an improvement in your symptoms.

Biofeedback

Biofeedback is a complementary therapy which is not commonly used. If it is suggested, then it would be used alongside other treatments and would be provided by a specialist therapist. It teaches people to change the way their body functions. It may help you to make small changes to help with stress, ease aches and pains, ease certain types of muscle tension and potentially improve your physical and mental health.

You can ask your GP, urologist or CNS if this technique is available and suitable in your individual circumstances.

Ask your GP, CNS or Urologist for advice **before** trying any of these complementary therapies.

Helping yourself

- Have an honest conversation with your GP, urologist CNS to let them know how you are feeling. Tell them about anxiety, stress, worry, depression. It's only by doing this they will fully understand how you are feeling.
- Tell them if the treatment that they have prescribed is not helping with your symptoms. It may take several months to find a specific treatment programme for you.
- Tell them about any side-effects that you are having from any of the treatments.

- If you have been given any medications, make sure that you are taking them as the GP, urologist or CNS advised. Let them know if you have stopped taking these and why you've stopped.
- If you have been advised to see a physiotherapist, psychologist or other specialist then it is best to attend every appointment with them. If you've stopped going then let the GP, urologist CNS know as this forms part of your treatment.
- You may need to try various ways of managing your pain every day.
- If your symptoms have significantly improved and you've been feeling very much better, keep track of how you're feeling. If the pain, anxiety, stress, depression seem to be coming back then it may help to see the GP, urologist CNS as early as possible to restart some of the treatments that you had previously that helped with your symptoms.
- See this website for some very helpful information
<https://www.paintoolkit.org/what-is-pain>

The emotional impact of coping with pelvic pain

In addition to managing the physical side-effects of prostatitis, it can sometimes be hard to deal with how you are feeling. There are many things that can help you manage. Everyone is different and not everyone will be affected, or by the same feelings.

Sometimes people's moods and how they are feeling from day to day can be affected as they live with CPPS and pain. Some people may find their moods may go up and down. All these feelings are normal.

What kind of feelings are we talking about?

Some people with CP/CPPS may at times have:

Low mood or feeling depressed.

How having a low mood or being depressed might make you feel:

- Very sad, or very low for most of the day and these feelings persist.
- Not having the energy to do things that you took for granted before.
- Losing interest in hobbies, not taking part in activities you used to enjoy, not feeling up to seeing family and friends.
- Feeling very tired yet having trouble sleeping.
- Having trouble focusing or concentrating and perhaps not able to make decisions.

Feeling anxious

Being anxious can affect you in many ways:

- Feeling very worried all the time and finding it difficult to let go of these thoughts.
- It can make it hard for you to carry out everyday jobs and not able to take care of yourself.
- Being very restless, feeling on edge for a lot of the time or jumpy.
- Feeling tired, short tempered, touchy.
- Feeling shaky or trembling

Feelings of panic

Panic attacks are severe/strong feelings of being anxious or scared. You feel as though you have very little control over them, and these can be very scary. These can come on at any time and sometimes for no apparent reason.

For instance, panic attacks may mean that:

- Your heart rate shoots up and you feel the beats almost pounding in your chest.
- You feel hot and sweaty.
- You feel shaky or numb or tingly.
- You feel dizzy, light-headed or feel you might faint.
- It's difficult to catch your breath and you take very small quick breaths or feel that you have difficulty in breathing.

Coping with these feelings

Just like with everything else in life, people find different ways of helping them cope with these feelings. Some people try new activities that they never thought they would enjoy so don't rule anything out.

Here are some ideas for you to think about. Not all of these will be for you but maybe give some a try.

Getting more information.

For some men and their family, it helps to know more about everything that is going on, so they feel more in control and more knowledgeable when they go to see the urologist, CNS or GP. They have a better grasp of what they are being told during their consultation and can ask questions about anything they don't understand. When searching for more information use reputable/trustworthy websites. There are examples of these on Pages 19-20.

Remember too that your CNS, urologist, and GP can provide you with more information and answer your questions.

Talking it out

For some men talking to their partner or spouse or their family and friends provides them with the support that they need. They feel comfortable and at ease showing how they feel – sad, teary, angry etc

Other men might find it easier to talk someone from the team looking after them – the CNS, urologist, and GP.

The important thing to realise is that you're not alone – others have had similar feelings and thoughts.

When searching for more information use reputable/trustworthy websites. There are examples of these on Pages 19-20

Keeping track

Some men may like to keep a record of their treatments and what has and hasn't worked for them. Having a record like this may help you talk to the clinical team of what has

worked for you. You could also try writing down your feelings, worries and concerns and think about any practical things you could do to help yourself.

Time out

Would time away help for a wee while? Trying a new hobby that you've thought about doing for a long time but never got round to it? Having distractions like these might help as you're concentrating on something else. (see goal setting and pacing on Pages 13-14)

- Getting back to a hobby or activity that you enjoyed before - a game of golf, bowls or darts.
- Mending the fence, cutting the grass, putting up the shelf.
- Visiting gardens or historical sites that you've always put off.
- Visiting museums, art galleries, listening to music, trying to paint or sketch, write short stories or poetry, go dancing.
- Trying yoga, Pilates, meditation, Tai Chi.

There are so many things out there that you might never have tried so give them a go and have fun!

Look after yourself.

It's all too easy to fall into the trap of thinking about prostatitis and pain so much that you forget to look after you. Try to have a good diet with plenty of fresh fruit and vegetables. Sleep is important too. Talk to your CNS, Urologist or GP if you're having trouble sleeping.

Some people may be tempted to try and escape it all by drinking too much alcohol or using drugs. This is never a good idea. Alcohol and unprescribed drugs may make how you're feeling worse and might affect the treatment that you are on.

Getting active

Speak to your CNS, Urologist, or GP first, but exercising when you have pain can make a difference. It may improve your mood and relieve some stress, tension and anxiety. If you've been used to regular exercise, you might be keen to get going again. If exercising is completely new to you then doing a small amount of exercise is better than not doing anything so don't feel daunted about getting started.

Try going for a walk, swimming, yoga, Pilates, Tai Chi, playing golf or going bowling, washing the car, doing the weeding, walking up the stair – all these things and more count towards having some exercise. (see goal setting and pacing on Pages 13-14)

Helpful references

Please note Prostate Scotland is not responsible for the content of external websites. Check with the organisations below if there is likely to be a cost involved for some of their services.

<https://painuk.org/members/charities/pelvic-pain-support-network/>

[https://painuk.org/members/charities/pain-association-scotland/#:~:text=Pain%20Association%20Scotland%20is%20a,Term%20\(Chronic%20Painful\)%20Conditions](https://painuk.org/members/charities/pain-association-scotland/#:~:text=Pain%20Association%20Scotland%20is%20a,Term%20(Chronic%20Painful)%20Conditions)

<https://painconcern.org.uk/product-category/leaflets/>

<https://action-on-pain.co.uk/support-and-advice/box-of-tricks/>

<https://www.snrpmp.scot.nhs.uk/>

Pelvic pain support network: www.pelvicpain.org.uk or info@pelvicpain.org.uk

<https://www.thepelvicpainclinic.co.uk> or info@thepelvicpainclinic.co.uk

Pelvic Pain Support Group

<https://www.thepelvicpainclinic.co.uk/mens-chronic-pelvic-pain-syndrome-chronic-prostatitis-support-group/>

Pelvic Pain Natters | Podcast on Spotify

Above all if you're struggling to cope then please talk to someone. Your CNS, Urologist and GP are great sources of help.

What is the outlook?

If CP/CPPS is diagnosed, it may be reassuring to know that it is not prostate cancer and that, so far, it has not been proved that there is a link between CP/CPPS and prostate cancer.

The outlook tends to be better once the range of treatments have been found that suits you as an individual. It may take time to find the treatment or combination of treatments most suitable for you. Some men may see an improvement in their symptoms over the following 6 months, but for others it can take longer.

It is important to work with your GP, urologist, pain specialist, CNS or physiotherapist to find a treatment that suits you and to talk this over with them. They can listen to you, answer your questions and help to reassure you.

In fact, your GP, urologist or specialist nurse will probably want to keep in touch with you as it is difficult to predict what will happen. Your symptoms may last a long time, although they may 'come and go', or vary in the amount of pain you feel. If your symptoms are severe, then don't suffer in silence - see your GP or urologist.

Chronic bacterial prostatitis (CBP).

CBP is caused by bacteria (germs) finding their way into the prostate leading to the prostate becoming swollen and inflamed.

What can cause CBP?

Urine infections (UTI)	Urinary tract Infections where the bacteria find their way up into the prostate.
Frequent urinary tract infections and infected urine filters into the prostate.	Those who have frequent urine infections are more at risk of developing CBP.
Bladder outlet obstruction	This means that there is an increased risk of developing a urinary tract infection and so it may increase the risk of developing prostatitis.
Following a bout of acute bacterial prostatitis	This might be because the full course of antibiotics wasn't finished, or perhaps antibiotics weren't prescribed for long enough.
Anal intercourse	Having anal intercourse without using a condom.
Those who have HIV. Those who are immunocompromised. (meaning that your body cannot fight off any infections)	They may be more at risk of developing a prostate infection with certain bacteria
Having a catheter in to drain urine	Handling and changing a catheter may give a route for bacteria to travel into the prostate

What are the symptoms?

CBP is not very common. With CBP, you may find that your symptoms begin gradually tending to come and go perhaps even disappearing for a time but then flaring up again. For others, symptoms may be mild but are there all the time.

Symptoms:

- You may have trouble starting to pass urine, have a weak stream that stops and starts.
- Pain when passing urine.
- You pass urine more often and have to pee urgently.
- You have a burning feeling when passing urine.
- You may feel that you cannot empty your bladder completely.
- You may have to get up often during the night to pass urine.
- You may find it painful when you ejaculate.
- You may have pain in your groin, lower back, genital area.

- You may have had a recent or current urinary tract infection (UTI).

The GP or urologist may ask:

- If you have a current or had a recent UTI and if this happens fairly regularly.
- If you have ever been treated for acute bacterial prostatitis, when this was and what treatment you had.
- If you have problems with passing urine – when this started, the type of problem, how long it's been going on for and how difficult this has been for you.
- About any pain that you have when passing your urine.
- About your sex life. If you have problems getting and keeping an erection, not being interested in having sexual intercourse, if you've noticed blood in your semen, if you have any pain when you ejaculate and about sexual partners or a change of partner.

In addition, they may:

- Give you a questionnaire(s) to fill in about your symptoms.
- Ask to examine your abdomen (stomach or belly).
- Ask to examine your scrotum, penis and perineum (area of skin between your scrotum and back passage).
- Ask to examine your pelvic floor and perhaps do a digital rectal examination (Page 4).

For tests the GP may do please see Pages 3-5

How your GP might treat CBP

- They may refer you to a urology specialist at the hospital who deals with this disease.
- They might start you on a short course of antibiotics for around 4-6 weeks or longer. Remember to finish all the tablets as directed.
- If you are in a lot of pain the GP may prescribe painkillers such as paracetamol. In addition, they might also prescribe a drug such as ibuprofen that helps relieve pain, reduces inflammation and brings down a high temperature.

Acute Bacterial Prostatitis (ABP)

ABP is the least common type of prostatitis accounting for less than 10% of all prostatitis cases.

It is caused by bacteria (germs) finding their way into the prostate leading to swelling, irritation and inflammation of the prostate.

If you have ABP, your prostate will most likely feel tender when the GP or urologist touches/presses on it. The GP or urologist may tell you that your prostate is swollen, smooth, enlarged and hot to the touch.

Symptoms can come on suddenly, can be very severe and in some cases stop you passing urine at all. ABP can cause a lot of pain, a fever, feeling very unwell and in some cases the man is unable to pee at all.

Although this can affect any age group, it is most common in younger and middle-aged men (30–50 years).

What can cause ABP?

Infection by bacteria (germs) that normally live in the bowel.	Some bacteria that live in bowel can get onto the skin near the back passage. For some, these bacteria multiply and travel up the urethra causing an infection.
Anal intercourse.	Not using a condom when you are the giving partner when having anal intercourse.
An enlarged prostate. After a urinary tract infection.	This is because bacteria can live and increase rapidly when urine stays in the bladder for long periods of time.
‘Damage’ to the prostate.	The prostate is more prone to infection after prostate surgery, prostate biopsy, having examinations of the bladder or urethra using instruments.
A catheter passed into the bladder through the urethra.	A catheter (long, thin, flexible tube) passed into the urethra and left in place for a long time can sometimes let bacteria travel up the tube to the prostate.
Some sexually transmitted diseases Eg chlamydia, gonorrhoea.	Very occasionally, prostatitis may develop after sexual intercourse with a partner who has a sexually transmitted disease (STD). Those who have lots of sexual partners without using condoms may be more likely to get this type of prostatitis. Prostatitis cannot be passed on to a partner during intercourse.

What are the symptoms?

Although this is the least common type of prostatitis, you will find that you may feel very unwell quite suddenly and that the symptoms are very severe.

How you might feel:

- A high temperature (over 38°) and chills.
- Pain around the penis, pubic bone, perineum, back passage and lower back.
- Pain during or after ejaculating. There may be blood in your semen.
- Pain when passing stools.
- Tell your GP or urologist if you have had or think you might have had a urinary tract infection.
- Feeling or being sick.

How you might feel when passing urine:

- It may be difficult and painful to pass urine.
- You pass urine more often and have to pee urgently.
- You have a burning feeling when passing urine.
- You may feel that you cannot empty your bladder completely.
- You have to get up often during the night to pass urine.
- You may find blood in your urine.

If you cannot pass urine at all this is a serious problem so you must see your GP or contact NHS 24 (Tel 111) straight away

How is ABP treated?

Antibiotics

These should be started right away, and you will generally be given a course of antibiotics for around 14 days or perhaps slightly longer. You should take these as the GP or pharmacist recommends. If in doubt you will find instructions written on the packet. You **must** finish the full course of tablets even if you start to feel better.

This is to avoid the infection coming back and becoming chronic (chronic means that the infection may be there all the time or can flare up). If you know that you have an allergy to any antibiotic, you should tell the GP or urologist.

Your GP or urologist will most likely see you after 14 days to check how you are and either ask you to stop the antibiotic or continue for another period of time. The kind of antibiotic might also be changed.

Being unable to pee is a serious condition. If you are unable to pass urine at all then you will possibly be admitted to hospital. You may have a catheter to drain your bladder, and antibiotics will be given through a drip in your arm.

Fluids

It's important that you drink enough fluid, so you don't become dehydrated.

Painkillers

You may be asked to take paracetamol or ibuprofen every few hours rather than 'now and then' to help with the pain. Your GP or urologist will advise on how often and how many

painkillers you can take each day. These will also help to bring down your temperature. If these don't help with your pain, then you may be given stronger painkillers.

Laxatives

If you have difficulty or pain when moving your bowels then a mild laxative or stool softener may help you pass any hard stools and stop them pressing on your prostate, making it even more painful. Ask your GP or pharmacist for more advice on this.

Get in touch with your GP again if:

- i. Your symptoms haven't started to improve in a couple of days after starting your antibiotics.
- ii. Your symptoms are worse.
- iii. You become generally very unwell.

Will I need to go into hospital?

Your GP may refer you to hospital if:

- i. Your symptoms are very severe, and you are in a lot of pain.
- ii. You can't pass urine at all called retention of urine.
- iii. You can't take antibiotics by mouth.
- iv. The GP thinks you might have an abscess on your prostate (an abscess is a build-up pus that can be very painful).
- v. You are immunocompromised meaning that your body cannot fight off any infections.
- vi. You are diabetic.
- vii. You have another prostate condition such as an enlarged prostate.
- viii. You have an indwelling catheter.

Anything else?

In hospital you will see a doctor who specialises in conditions like ABP, called a urologist. The urologist may want you to have some further tests done in the hospital.

What is the outlook?

For most men with ABP it will clear up after treatment. However, it is **essential** to finish the full course of antibiotics even if your symptoms improve. For some men though, the infection may come back or develop into chronic prostatitis.

Asymptomatic inflammatory prostatitis (AIP)

Men with asymptomatic inflammatory prostatitis or AIP do not have any symptoms, pain or discomfort even though their prostate is inflamed. AIP is generally found when the man is having tests or examinations for another condition.

In this case, no treatment is necessary.

Tips to help relieve the symptoms of prostatitis.

Urinary tract infection (UTI)

If you get a urinary tract infection, it's best to see your GP as soon as possible to start treatment. Signs include a burning feeling when passing urine, smelly and cloudy urine and feeling you need to pass urine often even if only a little dribbles out. If you have had an infection and been given medication, **remember to finish the full course of tablets.**

Rest

It is best if you can manage to get enough rest each day. However, sitting for long periods of time may make the soreness worse.

Warm baths

Having a warm bath may help with some of the pain around your penis and back passage and with pain in your lower back.

Diet

It may help if you avoid foods and drinks that can irritate your bladder like alcohol, foods with caffeine such as tea, coffee, green tea, citrus juices and hot or spicy foods.

Remember, energy and performance drinks or energy shots can have high amounts of caffeine added.

It may also help if you eat high fibre foods such as fruit, vegetables and wholegrain cereals to help prevent constipation.

Passing urine

It may help if you try to empty your bladder often and as completely as you can. This might reduce the number of times you need to rush to the toilet.

Good hygiene

Wash your hands thoroughly after a bowel movement and before touching your penis.

Keep your penis clean to help stop bacteria travelling up the urethra inside the penis and so reaching the prostate.

Safe sex

Wearing a condom helps prevent catching an infection during sex. This is especially important if you have anal intercourse.

Exercise

Try to have some exercise every day if possible. This could be as simple as going for a walk for about 30 minutes every day. If you haven't exercised for a while, then check with your GP or urologist and build up gradually.

If there is a flare up of your symptoms it may best to avoid cycling and horse riding for the time being.

A helpful reference:

Please note Prostate Scotland is not responsible for any information on an external website.

<https://www.thepelvicpainclinic.co.uk/about/>

Our work

All our awareness materials, introductory guides, explanatory guides and ‘Spotlight on’ guides such as this booklet are available free of charge to people and their families and all healthcare settings.

If you found the booklet helpful, you can help us reach many more people with awareness and information about prostate disease and prostate cancer by:

- Obtaining and wearing a Prostate Scotland badge
- Volunteering some of your time
- Taking part in or organising a fundraising event or making a donation.

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