

**M**ale chronic pelvic pain syndrome (CPPS) is a common urological disorder. 'Urological' meaning a condition or disease that involves either the bladder, kidneys and their tracts as well as the prostate. CPPS is a type of prostatitis, sometimes called chronic prostatitis, although this older name can be confusing, as it implies the prostate has to be involved and inflamed – which is often not the case.

CPPS is a non-bacterial manifestation of the disease, with its primary complaint being pain. It is not fully understood why or how the pain presents in the absence of an infection or inflammation. CPPS can affect younger men, average age of 43; and presents with persistent pain in the perineum (the area between your scrotum and your anus) and genitals. It is estimated between 2 and 16% of men have CPPS, although traditionally men often under report or stay silent when it comes to problems in their genital area.

### SYMPTOMS OF CPPS

The most common complaint is pain. Traditionally the person has pelvic, perineal, or genital pain associated with voiding (passing urine or stool) and/or sexual dysfunction. The onset of pain is usually sudden with a duration that must be present for at least 3 of the last 6 months. The intensity of pain can be quite severe and is most often located at the perineal and genital region but can be felt in other areas such as lower abdomen, penis, scrotum, rectum and lower back. Passing urine may become challenging on occasion and pain on ejaculation is common.

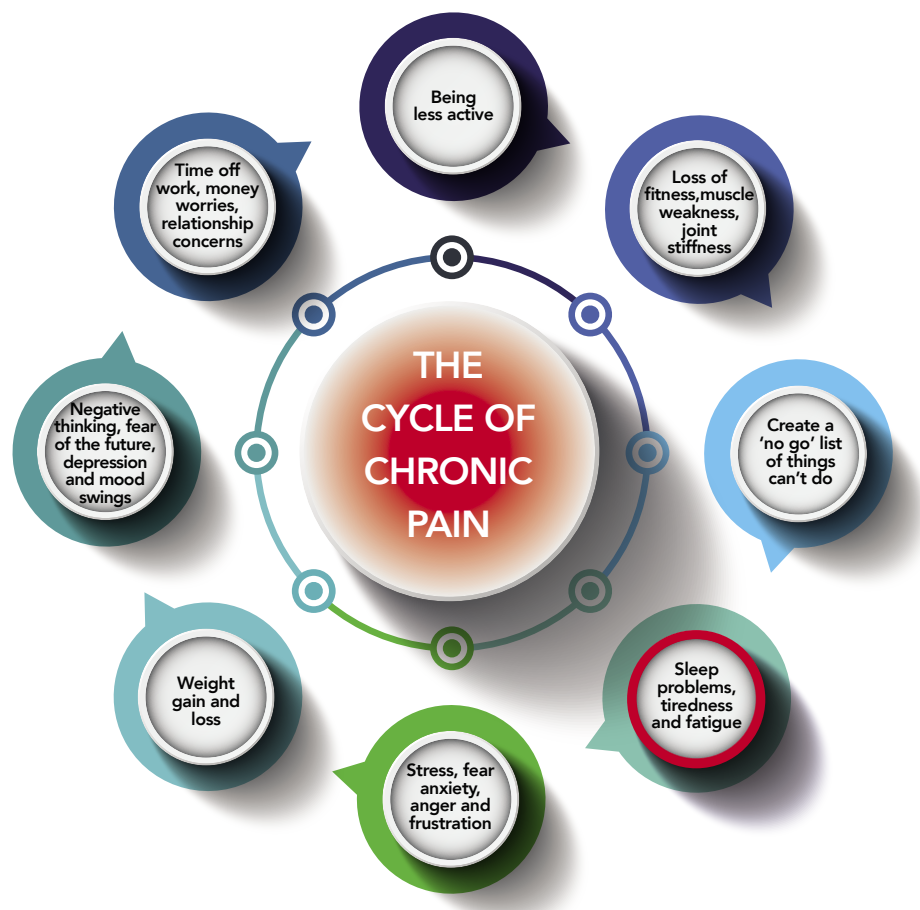
The most common symptoms are:

- perineal/pelvic pain;
- voiding symptoms;
- sexual dysfunction, including premature ejaculation and weaker erection;
- ejaculatory pain; and
- systemic conditions – including myalgia (muscle pain), arthralgia (joint pain) and unexplained fatigue.

CPPS symptoms often come and go with no regular pattern, with periods of remission followed by exacerbations.

# MEN'S PELVIC HEALTH

## CHRONIC PELVIC PAIN IN MEN



*The Cycle of Chronic Pain*

### DIAGNOSIS OF CPPS

A physical examination can be used to exclude any other disorders or condition that could produce the same symptoms. The most important part of the examination is the digital rectal examination (DRE) which is used to assess the size, consistency, symmetry, and tenderness of the prostate. For most patients with CPPS, the results of a DRE will be normal. Laboratory tests can rule out any infection or inflammation. Imaging of the pelvis (such as ultrasound, CT scan, and MRI) is often not warranted

but may be useful in ruling out conditions such as abscesses and cysts, cancers and prostatic calculi (prostate stones).

### PHYSICAL THERAPY MANAGEMENT OF CPPS

Physical therapy provides a broad variety of techniques that are safe and effective for CPPS.

- 1 Pelvic Floor Muscle Training**  
The pelvic floor muscles form a dome-shaped structure that encloses the pelvic

●● STUDIES HAVE SHOWN LARGE IMPROVEMENTS IN SYMPTOMS FOLLOWING TRIGGER POINT RELEASE ●●



cavity. That's the area from your penis (in the front) to your anus (at the back) and the area between your legs (left to right). The functions of the pelvic floor muscles include stabilising your pelvis (base of support for your spine and hips), support your internal organs, contraction to control your bladder and bowel, and to regulate your erection, emission and ejaculation. In many cases these muscles may be in spasm, have trigger points and produce pain like any other muscle in the body. Learning relaxation techniques to reduce the tone of the muscles may relieve pain. In many cases the pelvic floor muscles go into spasm as they are weak and lack endurance fitness. Strengthening these through specific exercises guided by your physical therapist will reduce your pain.

**2 Biofeedback** This is a helpful for you to learn how to relax your pelvic floor, and then how

and when to contract these muscles. In this painless process, electrodes are attached the skin, which then allow you to visually see the contraction on a computer screen, which helps in learning the correct sensation and timing of muscle contractions. Weekly and biweekly physical therapy sessions for up to six or eight treatments can have a significant improvement on muscle tone and pain.

**3 Myofascial Trigger Point Release** This is performed by a specialised pelvic floor physical therapist to reduce muscle spasm and thus pain, which can improve the function of the muscles. Studies have shown large improvements in symptoms following trigger point release.

**4 Acupuncture** This involves the painless insertion of needles at specific points of the body, and can reduce pelvic pain in patients with

CPPS. Chronic pain can be very debilitating, not only affecting you physically but mentally and emotionally too. It may be causing anxiety and depression and so impact on your work, social life and physical activities. It can be very distressing if CPPS is affecting your bowel or bladder control and your sexual health, leading to shame, embarrassment, isolation and strain on your personal relationships. Speaking to someone about the emotional impact this pain and its other physical symptoms is having on you can be very helpful. Being silent and stoic is not showing strength in these times, rather ask for help and guidance and you will quickly learn there is much that can be done to improve your symptoms and that you are not alone in this journey.



●● ACUPUNCTURE IS A PAINLESS METHOD THAT CAN REDUCE PAIN IN PATIENTS WITH CHRONIC PELVIC PAIN SYNDROME ●●

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