NHS Lothian

Ref Help Guidelines: Prostatitis

Patient Presentation

Pain in perineum, pelvis, and/or genitals
May have urinary symptoms

Assessment

Consider the duration of the symptoms

Consider whether they have
- Infective symptoms
- Risk of STI
- Associated lower urinary tract symptoms
- Recent endoscopic or prostate procedures

Examination
- Exclude abdominal mass
- External genitalia
- DRE in males >40y

Tests
- Urine dip +/- MSU
- Check FBC and U&Es
- Consider STI screen if at risk
- Consider PSA if DRE abnormal (can be raised with urinary infection)

Raised Temp or Signs of Sepsis or Acute Urinary Retention

Refer as an Emergency to On-call Urology Team

Abnormal DRE

Check PSA
Refer to Urology as Urgent Suspected Cancer

Symptoms of Long Duration

Treat as chronic prostatitis (chronic pelvic pain syndrome) – symptoms for 3 out of the past 6 months

Short Duration of Symptoms

Treat as acute bacterial prostatitis

Treatment for Acute Bacterial Prostatitis

- Treat promptly with antibiotics

Consider important safety issues and potentially long-lasting side-effects prior to prescribing (see links below to MHRA and Formulary).

Ciprofloxacin 500mg BD for 14 days
Can be continued for a further 14 days (up to 28 days in total), if the patient's history, examination, symptoms, urine, or blood tests are suggestive of ongoing prostatitis

2nd choice or if no response change to **Trimethoprim 200mg bd for 14 days**, extend course if necessary as per guidance for Ciprofloxacin above

- **Paracetamol and NSAID** for pain +/- weak opioid.

Treatment for Chronic Prostatitis

- **Paracetamol and NSAID** for pain
- Avoid constipation, consider stool softener
- Trial of **Tamsulosin 400mcg OD** if lower urinary tract symptoms
- Consider antibiotics if history <6 months, no previous treatment or previous response to treatment –**See acute bacterial prostatitis box**
- Consider screening for depression

If no improvement or diagnostic uncertainty then refer to Urology as Routine