

Chronic pelvic pain and prostatitis: when antibiotics don't help

Chronic pelvic pain often involves several systems at once: pelvic-floor muscles, nerves, the bladder, the bowel, sexual function and the way the nervous system processes pain. Calling all of it prostatitis can delay the right treatment, which is usually a coordinated plan aimed at the dominant contributors.

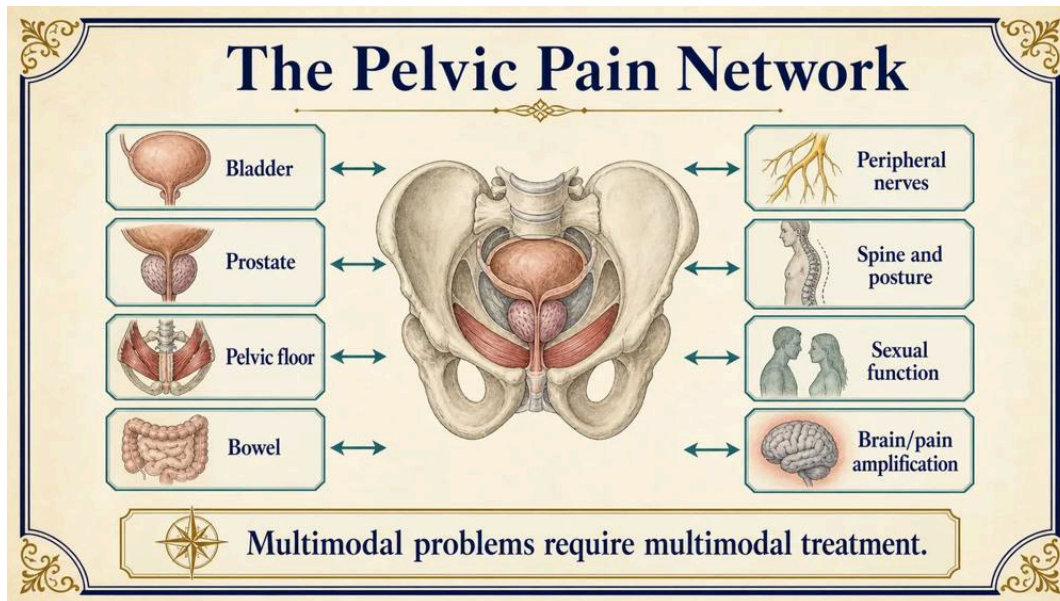


Figure 15.1. The Pelvic Pain Network. Persistent pelvic pain often emerges from interacting organs, muscles, nerves, and pain-processing systems rather than one infected structure.

Key points

- Acute bacterial prostatitis is a real and potentially serious infection; chronic pelvic pain syndrome is different.
- Negative cultures and failed antibiotics are diagnostic information that should change the next step.
- Repeated antibiotics without bacterial evidence expose you to harm while reinforcing the wrong explanation.
- Explaining how the nervous system amplifies pain is not saying the pain is psychological.
- A good plan sets a target and a trial period for each treatment, and stops what does not help.
- Success can be sitting longer, sleeping better or resuming intimacy, even if some sensation remains.

Get prompt care if you notice

- Fever, chills and pelvic or perineal pain with urinary symptoms (possible acute bacterial prostatitis)
- Inability to urinate
- New blood in the urine
- Weight loss, a new mass or progressive neurologic change
- A sharply different pain pattern

Questions to ask your urologist

- Is there real evidence of bacterial infection in my case?
- Which contributors seem to be sustaining my pain: bladder, muscle, nerve, bowel or something else?
- Should pelvic-floor physical therapy or another specialist be involved?
- What change in function would show that the plan is helping, and over what time frame?
- Which current treatments should I stop if they have not helped?

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