Male Persistent Pelvic Pain



What is it?

Persistent pelvic pain is defined as:

- Pain that has lasted 6 months or longer &
- Your pain feels like it is in your abdomen &/or pelvic area & you may feel it coming from your:
 - Pelvic organs (bladder/bowel)
 - Penis; testicles; anus
 - Perineum (the area between your testicles and back passage)
 - Musculoskeletal structures (bones/muscles/ligaments)

Cause

The exact cause of CPP is unknown. We do know that the initial cause of pain is usually long gone however, the pain remains due to changes in soft tissue, brain and nerve function.

Some causes and contributions include:

- History of infection (eg acute prostatitis or urinary tract infection)
- History of sexually transmitted infection (eg chlamydia)
- History of constipation/straining to empty bowels
- High stress job which may be associated with excessive sitting
- Other stressors: relationship; family trauma/concerns; abuse
- Musculoskeletal: low back/ sacro-iliac joint injury

Symptoms

Pain may feel like:

- Dull, aching, throbbing, sharp, shooting, burning, cramping
- Often worse with sitting & you may feel like you are sitting on a 'golf ball'
- Often worse during/after stressful situations
- Bladder changes:
 - More urgent to do a wee and going more often than normal
 - Slower urine flow
 - Pain before/during after doing a wee
- Bowel changes:
 - Difficulty emptying the bowels
 - Pain before during/after a bowel movement
- Sexual changes:
 - Pain with arousal
 - Pain with orgasm

Physiotherapy Assessment

- Detailed history including: pain, bladder, bowel, sexual function, physical & everyday limitations due to your pain
- Postural & musculoskeletal assessment including: low back/ sacro-iliac joints/ pelvis/ hips and lower limb function
- Future assessments may include:
 - Digital rectal examination for direct assessment of pelvic floor muscles
 - Bladder or bowel diary
 - Real time ultrasound assessment of your bladder & pelvic floor muscles

Physiotherapy Treatment

Physiotherapy treatment varies according to your own personal problems & limitations. Common treatments include:

- Education regarding the causes, contributors & nature of your pain
- Breathing and mindfulness exercises to help reduce muscle tension
- Manual therapy to release & lengthen tight & painful muscles
- Stretches & exercises for you to do at home to maintain normal muscle function
- Strategies to help reduce pain flare ups

Other Treatment Options

CPP is best treated with a multidisciplinary approach. You may be seeing:

- Pelvic Floor Physiotherapist
- Pain Psychologist
- Pain Physician
- Urologist

References & more information: See website

Who to see



Alice Mackenzie





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