

## What is it?

Ongoing pain occurring in a man's pelvis can result from a variety of conditions, from kidney stones or a hernia to a urinary tract infection. For some men, diagnostic tests rule out the obvious causes but the pain persists and physicians can't pinpoint a specific reason. In situations where the pain and other symptoms appear to originate in the bladder, this perplexing condition may be labeled interstitial cystitis or painful bladder syndrome. In cases where the symptoms' source seems to be the prostate, the condition may be called chronic prostatitis/chronic pelvic pain syndrome. However, these diagnoses are only based on symptoms; there is no clear-cut evidence in these patients of a disease that solely affects or originates in either the prostate or the bladder. There may be a single underlying cause for all patients with persistent pelvic pain, or multiple, differing ones. Researchers aren't sure, but there are worldwide efforts to learn more. Because of the similarity of symptoms, some physicians have proposed an overarching name: urologic pelvic pain syndrome.

### What are the symptoms?

Chronic pelvic pain symptoms vary from patient to patient, and can fluctuate over time even in the same person. For

interstitial cystitis/painful bladder syndrome, they include:

- Pressure, tenderness or pain ranging from mild to severe that lessens when the bladder is emptied
- An urgent and/or frequent need to urinate
- Reduced bladder capacity
- Pain during sexual intercourse

For chronic prostatitis/chronic pelvic pain syndrome, symptoms include:

- Pain in the genital area that may intensify during sitting, urination or ejaculation
- Blood in urine or semen
- A weak urination stream
- An urgent and/or frequent need to urinate
- Erectile dysfunction

### What might be causing these symptoms?

Researchers have proposed various explanations, including an inflammation problem or malfunctioning of the pelvic nerves or muscles.

# How will my doctor decide if I have chronic pelvic pain?

Because no specific bacteria, virus or physical problem is known to cause chronic pelvic pain, the diagnostic process aims to rule out all other possible disorders that might be producing symptoms. Your doctor will ask questions about your medical history and will do a physical exam, including a digital rectal exam to check your prostate. Testing can be extensive, screening for urinary tract infections, bladder cancer, bladder inflammation, kidney stones, neurological disorders and sexually transmitted diseases. Most of these conditions can be ruled out with blood and urine tests. Your doctor may need to look for inflammation or scarring on the inner walls of your bladder with a test called cystoscopy. There may be other tests to check your bladder capacity, pressure, and how completely and quickly it empties.

#### Is there any treatment?

The best chance to improve or eradicate symptoms is with therapies directed at individual symptoms and clinical findings. Initial treatment may include diet and fluid management, and time, stress and behavioral therapies. Drugs, other than over-the-counter analgesics to manage low to mild pain and reduce inflammation, are considered second-tier therapy. Depending on your condition, your doctor may prescribe anti-inflammatories, antibiotics, muscle relaxants, pelvic floor physical therapy, alpha blockers, bladder relaxing medicines, antidepressants or analgesics. Surgical removal of the bladder (cystectomy) and creation of a new bladder is possible, but this operation is irreversible and there is no guarantee of success.

Using an evaluation and treatment protocol called UPOINT developed at Cleveland Clinic, our published results show that more than 80 percent of patients have a clinically significant improvement or eradication of their symptoms.