

Male Chronic Pelvic Pain

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Chronic nonbacterial prostatitis, also known as chronic pelvic pain syndrome (CP/CPPS) is a poorly understood though unfortunately common condition which affects young and middle aged men. It is one of the leading reasons that men visit urologists. The symptoms of this condition vary amongst sufferers but may include the following: severe pain in the pelvis, buttocks, lower abdomen, testicles and penis, bladder pain and pressure, urinary frequency, pain with urination, and not surprisingly, problems with sexual function. Frustrating to doctors and patient alike, is the fact that while most types of prostate problems are fairly easily attributed to the prostate, such as bacterial infection, or benign prostatic hyperplasia (BPH), which means the prostate gland grows and presses on the bladder causing urinary symptoms,, CP/CPPS despite its name, does not appear to have much to do with the prostate at all. For this reason the standard treatments used to treat infection or inflammation in the prostate, such as antibiotics, anti-inflammatories, or muscle relaxants, do not help to relieve the pain that prostatitis sufferers live with.

What does appear to be associated with CP/CPPS, is muscular tension. Chronic tension in the muscles of the pelvic floor contributes to this condition and perpetuates it as well. This is known as a myofascial pain syndrome, and is similar to having chronic facial or jaw pain (such as TMJ) because of chronic tension of the jaw muscles. This chronic tension appears to be related as well to the sexual problems that men with CP/CPPS experience. Studies that have been conducted on men with CP/CPPS have demonstrated that this condition is associated with greater incidence of premature and delayed ejaculation, painful ejaculation and orgasm, and erectile dysfunction.

It is likely that the sexual problems that men with CP/CPPS experience are related to several factors. Firstly, chronic pain can be exhausting and debilitating and have a dampening effect on libido Secondly, when tense

muscles of the pelvic floor muscles do not relax during sexual activity the result can be an orgasm and ejaculation which is accompanied by pain. When pain is associated with sexual activity, the desire for that activity decreases. Finally, patients with chronic pain tend to experience anxiety and often feel a loss of control, which can manifest itself with premature and sometimes delayed ejaculation.

Treatment for CP/CPPS should involve measures to decrease pain and improve overall function, as well as address sexual concerns. Effective treatments include relaxation and this can take the form of guided imagery, meditation, or yoga. This should be designed to reduce overall anxiety as well as focus on specific areas in the body where tension should be reduced. Pelvic floor physical therapy may be indicated and this includes manual techniques such as massaging tense muscles in the buttocks and pelvis, learning specific stretches, and learning to control pelvic floor muscles with biofeedback, where one can see the activity of the muscles on a computer screen and essentially use visual feedback to learn to relax.

Sexual activity should focus on giving and receiving pleasure and not be goal oriented towards erections and orgasms. Some men may benefit from sex therapy to learn techniques on their own and with their partners which may help to provide a better sense of control. What is important is to focus away from sexual activities which are painful and focus on reclaiming pleasure, in order to restore a healthy sense of sexual confidence.