

Pelvic Health and Obstetric Physiotherapy Department

Male chronic pelvic pain

Who is this leaflet for?

This leaflet is for men who are suffering with chronic prostatitis and/or chronic pelvic pain syndrome. For many men with a diagnosis of prostatitis (inflammation of the prostate), all tests are found to be negative. If the pain persists for longer than three months men may be given a diagnosis of chronic non-bacterial prostatitis (type 3 chronic prostatitis) or chronic pelvic pain syndrome.

The symptoms of pelvic pain can include:

- **Pain:** the pain can vary in intensity and type. It may be localised to the lower abdomen, hips, buttocks, back passage, perineum, scrotum or penis.
- **Urinary symptoms:** these can include urinary urgency, frequency, slow flow or interrupted flow, hesitation to start flow, pain on urination and occasional incontinence. Please also see our leaflet titled 'urgency and urge urinary incontinence'.
- **Bowel function:** this may include pain on bowel movements, constipation or difficulty in emptying the bowel. Please see leaflet on bowel management for further information.
- **Sexual function:** this may include erectile dysfunction and pain associated with erections or ejaculation.
- **Psychological symptoms:** these will include worry, stress, poor work life balance, anxiety, depression, poor sleep pattern and concern about health in the short and long term.

What is chronic pain?

Pain is an unpleasant sensory and emotional experience, usually associated with tissue damage; this pain can range in intensity from mild to severe.

Pain can be useful; it may warn us that something is too hot, tight, stretched or overused.

Pain does not always equal harm, for example a paper cut can be very painful while there may be far less pain following a more serious injury.

Pain is considered chronic pain when it has lasted longer than three months.

Nerve fibres can become hypersensitive and can send incorrect signals about the nature of the pain to the brain. Abnormal sensations may be perceived from stimulation that would normally not be painful. This is commonly known as central sensitisation and the pain experience becomes complicated and multifactorial.

Chronic pain will worsen with stress, anxiety, lack of sleep, depression and any activity or situation when pain impacts on someone's life. It is like turning the volume button up on the body's nervous system. Many of the treatments suggested will try and reduce this volume and settle down the nervous system.

Commonly with any area of pain we try to protect that area by contracting the muscles more tightly. Around the pelvis, this will often occur in the pelvic floor, the abdominal and the diaphragm muscles. All these muscles may be overused and can become tight and short. This can have an unhelpful effect and can reduce circulation, cause compression of little nerves in the area and prevent movement which can cause more pain.

How can physiotherapy help with the chronic pain management of this condition?

A specialist and skilled physiotherapist will perform a detailed assessment to ascertain your problems. They will observe your overall movement patterns identifying structures that may contribute to your problem (including nerves, muscles, tissue, joints and organs). For many men the pelvic floor muscles will be a part of this assessment as they commonly contribute to the problem, they can be evaluated by feeling externally and internally via the back passage.

If appropriate, manual therapy techniques may be used to encourage normal movement and function. Local techniques to release trigger points or connective tissue restrictions may be used. Exercises may be taught to restore a normal movement pattern and prevent a reoccurrence.

The nervous system, including the brain, also needs to be taught to stop perceiving a threat and to allow improved movement patterns. We can do this by down training the nervous system using breathing techniques, relaxation and stress management. We encourage daily exercise; walking is a very effective way to encourage endorphin release (these are hormones which reduce pain and produce a feeling of wellbeing).

Explain pain video <https://www.cuh.nhs.uk/clinics/pelvic-health/>

Please scroll down to the video section of the webpage and select explain pain

Bladder and bowel management may also be taught.

How can you help yourself?

The pelvic floor muscles

Pelvic floor muscles are important for bladder and bowel control and support of the pelvic organs. The pelvic floor muscles act together with the deep abdominal muscles to provide a support for the spine, pelvis and pelvic organs. This supporting action, often known as 'core stability', is needed all the time to help our bodies move and balance.

Those who are sexually active may find that exercising the muscles improves satisfaction for both partners.

Our brain predicts actions and engages the core stability muscles seconds before the action.

What does the pelvic floor need to do?

To work properly, the pelvic floor needs to:

- be strong and work at the right time
- work as part of the core (providing postural support/ stability)
- **be able to relax**

How do you work the pelvic floor muscles?

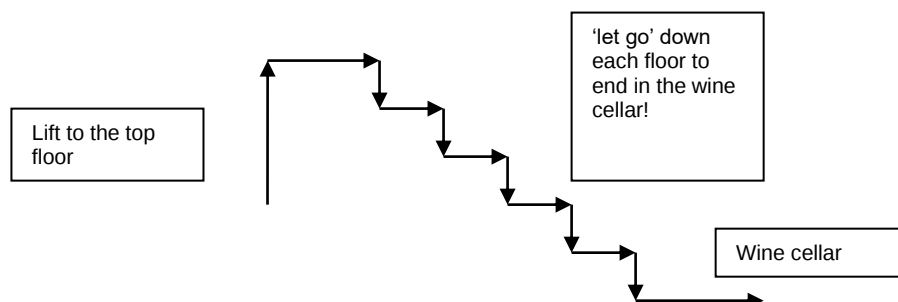
Imagine that you are desperate to go to the toilet but have to wait and that your pelvic floor muscles are working to close around the water pipe (urethra) to stop you from having an accident. More specifically tighten up around your back passage, lift behind the scrotum and imagine you are trying to shorten your penis. You must not tighten the buttocks, legs, abdominals or testes.

For men with chronic pelvic pain it is very important to learn how to fully relax as well as contract the pelvic floor muscles.

To let go of your pelvic floor muscles imagine that you are widening around the back passage and lowering the area behind the scrotum, you will feel a widening between the sit bones but not a feeling of pushing down.

Lift and let go in five stages

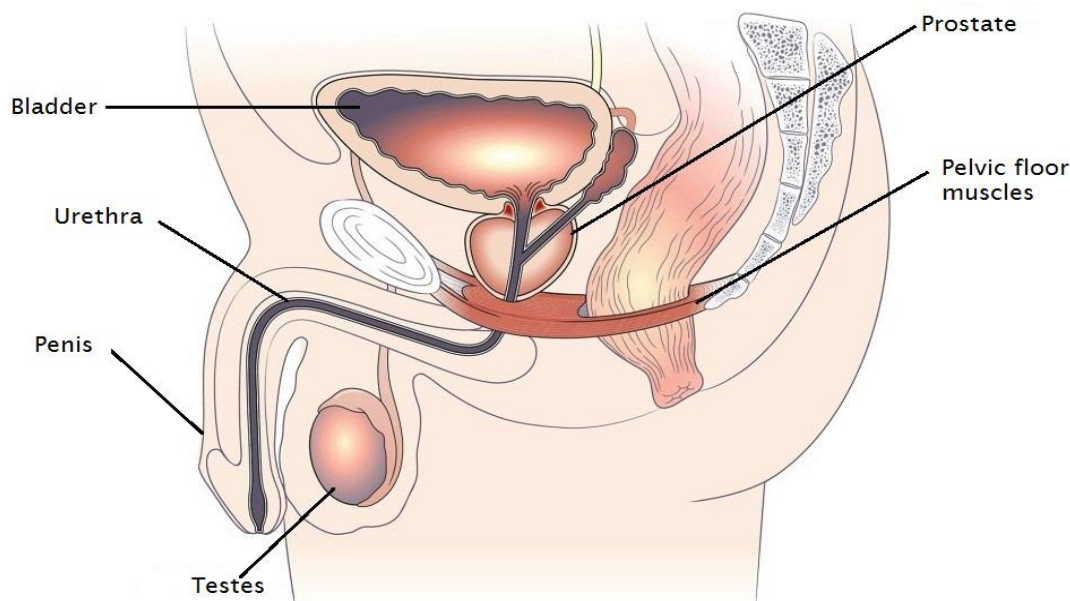
- Lift the pelvic floor muscles by first closing around the back passage, then lift the underneath muscles up and forward to work the whole of the pelvic floor. Ensure that you do not squeeze the glutei muscles (the large bottom muscles)
- Then let go of your muscles in five stages:
 - Imagine a block of flats with three story, a basement and a wine cellar.
 - Lift pelvic floor to the top.
 - Let go through each floor, softening, relaxing and widening through the pelvic floor.
 - Finishing all the way down in the wine cellar.



Relaxation is the initial key to your pain relief. Once you have mastered relaxation, gently learning to work the pelvic floor muscles with your abdominal muscles whilst continuing to breathe is important. These muscles will support and protect the body whilst doing (your normal day-to-day activities).

Try to do this with breathing too.

Sit up in a good posture; imagine you have picked up a marble with your back passage. Breathe out and on the in breath try and let go of the marble, then let go again and again – no pushing, just dropping. The goal is that the body will remember that as you breathe in the pelvic floor muscles should release automatically.



Breathing patterns

Either lie down on your back with your knees bent up or go forward onto hands and knees. As you breathe in your diaphragm should lower, your ribs expand and your tummy relax, let the pelvic floor muscles relax too. With time and practice you will manage to co-ordinate your breathing with relaxing the tummy and the pelvic floor.

Relaxation is the initial key to your pain relief. Once you have mastered relaxation, gently learning to work the pelvic floor muscles with your abdominal muscles whilst continuing to breathe is important. These muscles will support and protect the body whilst doing activities of daily living.

Positioning for toileting

To pass urine we suggest sitting with legs apart, back straight, slightly leaning forward and practising letting go of the pelvic floor or the marble release. When you stand we suggest a relaxed slouch with pelvis forward, arms slightly back; then letting go of the pelvic floor muscles.

To open your bowels we recommend sitting as above with knees on a small stool to simulate a squat. Focus on the letting go of the pelvic floor muscles or the marble release.

Urinary urgency and frequency management tips

Try to:

- Drink 1.5 to 2 litres a day.
- Avoid caffeine, fizzy drinks, fresh fruit juices and alcohol.
- Pass urine every three to four hours.
- Don't do any 'just in case' visits to the toilet.
- Try and defer visits to the toilet; this means leaving a little longer between visits, aiming for a three-hour time frame. To help to do this try to:
 - Stop and breathe
 - Sit down, cross your legs and tap your feet
 - Do a pelvic floor muscle contraction
 - Think about something else!

If you are finding that you are going to the toilet too frequently complete a fluid volume chart prior to your visit to the physiotherapist. You will find one within this booklet.

General tips to help:

Exercise	Walking 30 minutes a day Stretching regime for the pelvis
Stress management	Evaluate your work/life balance Explore mindfulness meditation Yoga or Tai chi Counselling
Drug management	Discuss pain management options with your consultant or GP
Healthy living	Weight management Constipation management fluid/fibre balance

Resource list

- You tube: Understanding pain, What to do about it in under five minutes
- Booklet: TazzyPersistentPainBooklet.pdf
- Heal pelvic pain by Amy Stein
- Mindfulness: A practical way to find peace in a frantic world
 - www.smilingmind.com.au
- Pelvicpain.com website
 - pelvictherapies.com (includes a video)
- Prostate cancer UK website: Chronic prostatitis and chronic pelvic pain a new consensus.

Fluid Volume Chart – If you have urgency or frequency please complete the frequency volume chart below before your physiotherapy appointment.

The chart below has been designed to help us to diagnose and treat urinary symptoms. It is important that you complete the chart over a three-day period.

You will need a measuring jug marked with 'mls' to measure the urine you pass.

- Each time you drink; please measure the quantity and using the code below record the type of drink and quantity consumed.
- Type of drink:
 - C = coffee
 - T = tea
 - W = water
 - J = fruit juice
 - S = squash
 - F = fizzy drink
 - A = alcohol
- Each time you pass urine, measure the amount in the jug and record the amount. If you have been unable to measure the amount at any time, simply tick in the appropriate time box.
- Please mark using a scale to 1 to 3 how urgently you needed to go to the toilet.
 - 1 = can walk
 - 3 = run!
- If you leak, please mark:
 - + = small amount
 - ++ = moderate amount
 - +++ = large amount

Fluid Volume Chart

Time	Day one			Day two			Day three		
	Amount drunk	Amount passed	Leak? Y/N	Amount drunk	Amount passed	Leak? Y/N	Amount drunk	Amount passed	Leak? Y/N
Example	250ml C				500ml	Y ++		100ml	N
6.00 am									
7.00 am									
8.00 am									
9.00 am									
10.00 am									
11.00 am									
12.00 midday									
1.00 pm									
2.00 pm									
3.00 pm									
4.00 pm									
5.00 pm									
6.00 pm									
7.00 pm									
8.00 pm									
9.00 pm									
10.00 pm									
11.00 pm									
12.00 midnight									
1.00 am									
2.00 am									
3.00 am									
4.00 am									
5.00 am									

For further physiotherapy advice

For further advice you can leave a message for
the pelvic health physiotherapists on **01223 217422**



We are smoke-free: smoking is not allowed anywhere on the hospital campus. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:



Help accessing this information in other formats is available. To find out more about the services we provide, please visit our patient information help page (see link below) or telephone 01223 256998.



<https://www.cuh.nhs.uk/contact-us/accessible-information/>

Document history

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Contact number	01223 217422
Approval date	July 2024
File name	Male chronic pelvic pain Version4 July 2024.doc
Version number/Ref	4 / document ID 100926