

MANAGEMENT OF PELVIC PAIN ASSOCIATED WITH PROSTATITIS: A 5-YEAR EXPERIENCE USING PELVIC FLOOR PHYSICAL THERAPY IN PATIENTS WITH CHRONIC NONBACTERIAL PROSTATITIS AND PROSTATODYNIA

Aims of Study

The chronic prostatitis syndrome causes a significant array of symptoms including pain, voiding disturbances, and sexual dysfunction. To date there are no standardized methods of treatment for this disorder. An anecdotal experience by a patient who underwent internal pelvic physical therapy and Robertson's progressive relaxation and who emerged symptom free after treatment prompted the Department of Urology at Stanford to develop and implement a holistic program based on the hypothesis that symptoms associated with chronic prostatitis, regardless of etiology, are perpetuated by abnormal pelvic floor contractions which trigger myalgia and intraprostatic reflux and increase sphincter tone. This holistic program consisted of intrapelvic physical therapy, progressive autonomic relaxation and biofeedback to modify and rehabilitate the structure, tone and function of the pelvic floor using intrapelvic myofascial release to deactivate painful trigger points and stretch shortened tense muscles, and to interrupt increased autonomic activation through daily relaxation therapy. The objective of this study was to evaluate the improvement in symptoms associated with prostatitis following myofascial release, biofeedback and progressive relaxation counseling.

Methods

From 1997 to 2002, 225 men with pelvic pain and urinary symptoms were referred to the Neurourology Center at Stanford Medical Center. Ninety-eight patients were diagnosed with chronic nonbacterial prostatitis, of which 67 underwent internal myofascial release/ soft tissue mobilization treatment by a trained physical therapist for one to two visits weekly for 2 to 3 months and progressive relaxation exercises administered by a psychologist (DW). Patients were evaluated at each visit with Stanford's Chronic Pain Symptom Questionnaire (completed by patient) that assessed pelvic pain (score 0 to 40), urinary symptoms (score 0 to 28), and sexual dysfunction (score 0 to 20); a pelvic exam was used to identify painful myofascial trigger points in the bulbocavernosus, ischiocavernosus, perineal body, pubococcygeus, anal sphincter, obturator internus, coccygeus, and pyriformis muscles; and surface electromyography at baseline and conclusion of treatment was used to measure pelvic floor tension. Diagnostic evaluation included Meares-Stamey technique for prostate cytology and culture. Expressed prostatitic fluid and or VB3 were measured at each visit.

Results

Of the 67 diagnosed with chronic abacterial prostatitis, 27 had inflammatory prostatitis (Type IIIA) and 40 had prostatodynia (Type IIIB). Mean age of men was 44 years (range 23 to 80). Mean duration of symptoms before treatment was 5 years (range 6 months to 31 years). Sixty-seven men with pelvic pain associated with prostatitis completed an average of seven myofascial release treatments (range 2 to 21) over an average of 3 months. All patients had a baseline complaint of pelvic pain, 82% (55 of 67) had associated urinary symptoms, 70% (47 of 67) had sexual dysfunction, of which pain with ejaculation was most frequent. Of the 67 men who completed the program, 68% (46 of 67) reported at least $\geq 50\%$ reduction in total pelvic pain after at least one myofascial treatment and progressive relaxation counseling while 41% (28 of 67) had a significant reduction ($\geq 70\%$) in total pelvic pain. Changes in sEMG recordings were noted. Durability of responses past 6 months varied.

Conclusion: In this pilot study, some men with chronic abacterial prostatitis experienced a reduction in pain following treatment with myofascial release and progressive relaxation counseling. Based on the encouraging results in this study, a prospective controlled trial is warranted.