Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · UROLOGY AND MEN'S HEALTH

Prostatitis and chronic pelvic pain
why repeated antibiotics usually do not work

Prostatitis is a group of conditions rather than one. A small proportion are genuine bacterial infections needing antibiotics. The large majority are chronic pelvic pain syndrome, where there is no infection at all — and where repeated antibiotic courses achieve nothing except side effects and years of frustration.

Go to an emergency department if you have

- **fever and shivering with pelvic or perineal pain**
- **inability to pass urine** with a painfully full bladder
- **severe pain** with vomiting or feeling seriously unwell
- **confusion, rapid heartbeat or low blood pressure**
- these symptoms in someone **immunosuppressed or diabetic**

Acute bacterial prostatitis can progress to sepsis and needs urgent antibiotics, sometimes intravenously. This is different from the chronic condition and is not something to manage at home. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

The categories

- **Acute bacterial prostatitis** — sudden, with fever, severe pain and urinary symptoms. Uncommon, genuinely infective, needs prompt antibiotics.
- **Chronic bacterial prostatitis** — recurrent urinary infections with the same organism. Also uncommon; needs a prolonged antibiotic course.
- **Chronic pelvic pain syndrome** — **around 90% of cases.** Pelvic, perineal, testicular or penile pain lasting more than three months, with urinary and sometimes sexual symptoms, and **no infection found**.

If cultures are negative, more antibiotics will not help

Men with chronic pelvic pain syndrome commonly receive four, five or more courses of antibiotics over years, each giving brief apparent improvement that reflects the natural fluctuation of the condition rather than any effect on bacteria. Continued antibiotics cause resistance, gut disturbance and tendon problems with certain classes. If your urine and semen cultures are negative, the diagnosis is not infection and the treatment needs to change direction.

What chronic pelvic pain syndrome actually involves

It is now understood as a condition involving pelvic floor muscle dysfunction, nerve sensitisation and central pain processing, often triggered by an initial infection, injury or period of stress that has long since resolved. That is why treatment targets muscles, nerves and the nervous system rather than bacteria.

- **Pain** — perineum, testicles, penis tip, lower abdomen, lower back, or during and after ejaculation
- **Urinary symptoms** — frequency, urgency, hesitancy, incomplete emptying
- **Sexual symptoms** — painful ejaculation, erectile difficulty, reduced libido
- Fatigue, low mood and anxiety, which are consequences as much as contributors

What works

- **Pelvic floor physiotherapy** — the single most effective intervention for most men. The pelvic floor is usually overactive rather than weak, so **Kegel exercises typically make it worse**; the work is on relaxation and release.
- **Alpha blockers** for urinary symptoms.
- **Neuromodulating medication** such as amitriptyline or pregabalin for nerve-type pain.
- **Shockwave therapy**, which has growing evidence for pain and quality of life in chronic pelvic pain syndrome.
- **Warm baths**, avoiding prolonged sitting and cycling, and a cushion with a cut-out.
- **Reducing caffeine, alcohol and spicy food**, which aggravate symptoms in many men.
- **Stress and pain management**, including CBT. This is not a suggestion that the pain is imaginary — it is targeting the mechanism that maintains it.

Expectations

This is a long-term condition that fluctuates and usually improves substantially with the right combination of treatments — but rarely with one alone, and rarely quickly. Men who do best are those who move on from searching for an infection and start working on the pelvic floor, the nervous system and the triggers. It is not prostate cancer, it does not become prostate cancer, and it is not a sexually transmitted infection.

Why come to us. Most men with this have been round the loop of GP, antibiotics, and repeat. We offer a specialist urology assessment that establishes which category you are actually in — with urine and semen cultures, PSA where appropriate, and ultrasound on site — and then treat accordingly. We provide shockwave therapy for prostatitis and chronic pelvic pain syndrome here, alongside physiotherapy and psychosexual support, seven days a week and without a referral.

The right diagnosis, then the right treatment

Urology, shockwave and physiotherapy under one roof, no referral needed.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Shockwave Therapy for Prostatitis** · **Chronic Pelvic Pain Syndrome (CPPS)** · **Urology** · **Physiotherapy** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-136

This leaflet is based on current NHS, NICE CKS and European Association of Urology guidance on prostatitis and chronic pelvic pain syndrome. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.