Croydon NHS
Primary Care Trust
Clinical Assessment Service

Prostatitis

Management

Primary Care management includes

Acute bacterial prostatitis:
- ample hydration, rest, stool softener, analgesia
- antibacterial therapy

Chronic bacterial prostatitis:
- Patient information and analgesia
- antibacterial therapy depending on culture sensitivity

Chronic abacterial prostatitis:
- Patient information and analgesia
- therapies require further evidence; a systematic review found no convincing evidence on harms or efficacy from many of the therapies promoted

Specialist management includes

For acute bacterial prostatitis:
- Parenteral antibiotics if toxic or unable to tolerate oral antibiotics
- Transrectal ultrasound examination or computerized tomography (CT) scan of prostate to look for prostatic abscess which would need surgical drainage if not responding to antibiotics
- suprapubic catheterisation for acute retention of urine

For any prostatitis:
- Imaging studies to exclude a structural cause for urinary tract infection
- Imaging studies to investigate unexplained haematuria

When to refer

Emergency [discuss with on-call specialist]
- Toxic, severely ill; unable to tolerate oral therapy; deteriorating on oral therapy
- Acute urinary retention

Urgent out-patient referral [liaise with specialist and copy to CAS]
- Inadequate response to antibacterials
- Pre-existing urologic conditions (e.g. obstruction, indwelling catheter)
- Chronic urinary irritative symptoms
- Immunocompromised
- Haematuria
- Incomplete response to antibacterials
- Prostatitis associated with sexually transmitted disease (STD)

Refer to CAS
- Well patient; refer for imaging studies to exclude structural cause

Refer to RARC
- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.