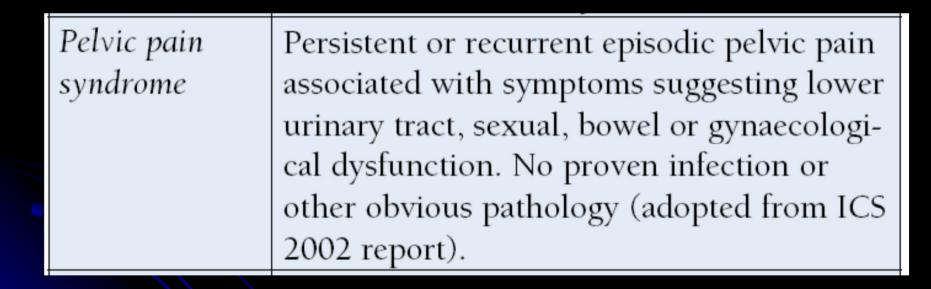


Extracorporeal Shockwave Therapy for Chronic Pelvic Pain Syndrome PYNEH experience

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Chronic Pelvic Pain Syndrome



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Chronic Pelvic Pain Syndrome \

- Estimated incidence 4.5%
- Clinical diagnosis
- Exclusion of more severe relevant disease
- Pain in the prostate, perineal, inguinal, scrotal and suprapubic region
- Urinary and erectile disturbance
- Etiology remain unknown



CPPS

I Acute bacterial prostatitis		Acute (urinary tract) infection
II Chronic bacterial prostatitis		Chronic/repeated (urinary tract) infection
III CPPS		Pelvic area paresthesia/pain >3 mo, no evidence of bacteria
IIIA	Inflammatory CPPS	White blood cells in prostate fluid, urine, seminal fluid
IIIB	Noninflammatory CPPS	No white blood cells in prostate fluid, urine, seminal fluid
IV As	ymptomatic inflammatory prostatitis	White blood cells in prostate fluid, urine, seminal fluid, prostatic tissue; no symptoms

Prostatitis classification of the National Institute of Health (NIH): Clinical criteria.



Treatment

- α-Blocker
- Antimicrobial therapy
- Opioids
- Non-steroidal antiinflammatory drugs
- 5-α-reductase inhibitors
- Biofeedback, relaxation exercise, lifestyle changes, massage therapy and acupuncture

Extracorporeal Shockwave Therapy



- First used in Renal stone disease
- Orthopaedic pain syndromes are successfully treated by low energy extracorporeal shock wave therapy (ESWT).



ESWT

- Increase local microvascularisation
- Reduce muscle tone and spasticity
- Influence the neuroplasticity of the human pain memory



Objectives

 To evaluate the effects of extracorporeal shock wave therapy (ESWT) for patients suffering from chronic pelvic pain syndromes (CPPS)



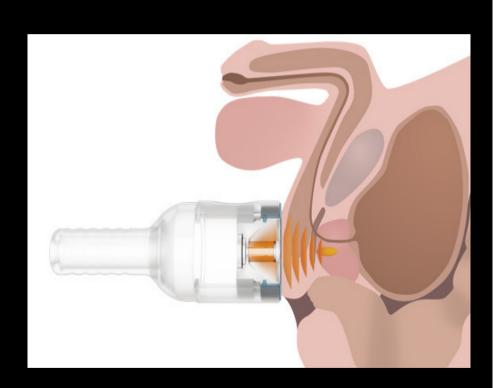
Patients and methods

- CPPS for minimum of 6 months
- No evidence of bacteria in urinary and seminal culture tests
- Specific investigation performed for individual clinical presentation (eg. USG scrotum, Flexible cystoscopy etc)
- Informed consent
- No other treatments were permitted during the study periods



Methods

- Perineally applied ESWT weekly for 4 week
- 3000 pulse (position changed every 500 pulse)
- Maximum total energy flow density: 0.25mJ/mm²
- Frequency: 3.5 Hz





Evaluations

- NIH-developed Chronic Prostatitis Symptom Index (NIH-CPSI)
- International Prostate Symptom Score (IPSS)
- International Index of Erectile Function (IIEF)
- Pre-treatment and 4 weeks post-treatment

NIH-Chronic Prostatitis Symptom index (NHI-CPSI)

	NIH-Chronic Prostatitis Symptom Index (NIH-CPSI)						
1.	Pain or Discomfort In the last week, have you experienced any pain or discomfort in the following areas?		6.	How often have you had to urinate again less than two hours after you finished urinating, over the last week?			
	Area between rectum and testicles (perineum) Testicles	Yes N	10	□ ₀ Not at all □ ₁ Less than 1 time in 5 □ ₂ Less than half the time □ ₃ About half the time □ ₄ More than half the time □ ₅ Almost always			
	Tip of the penis (not related to urination) Below your waist, in your pubic or bladder area	o ₁ o	7.	Impact of Symptoms How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?			
2.	In the last week, have you experient a. Pain or burning during urination?	ced: Yes N		□ ₀ None □ ₁ Only a little □ ₂ Some □ ₃ A lot			
	b. Pain or discomfort during or after sexual climax (ejaculation	□ ₁ □	30 8.	How much did you think about your symptoms, over the last week?			
3.	How often have you had pain or dist these areas over the last week? _0 Never _1 Rarely _2 Sometimes _3 Often _4 Usually	comfort in any of	9.	□₀ None □₁ Only a little □₂ Some □₃ A lot Quality of Life If you were to spend the rest of your life with your symptoms just the way they have been during the last			
N	□ Always Which number best describes your discomfort on the days that you had □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	it, over the last week?	AS AS CAN	week, how would you feel about that? □0 Delighted □1 Pleased □2 Mostly satisfied □3 Mixed (about equally satisfied and dissatisfied) □4 Mostly dissatisfied □5 Unhappy □6 Terrible			
5.	Urination How often have you had a sensation your bladder completely after you fit over the last week? On Not at all Less than 1 time in 5 Less than half the time About half the time More than half the time		Pai Uri	oring the NIH-Chronic Prostatitis Symptom Index Domains in: Total of items 1a, 1b, 1c,1d, 2a, 2b, 3, and 4 = inary Symptoms: Total of items 5 and 6 = ality of Life Impact: Total of items 7, 8, and 9 =			

□₅ Almost always



- 12 patients recruited
- Mean age: 48.2
- Average duration of symptoms: 18months



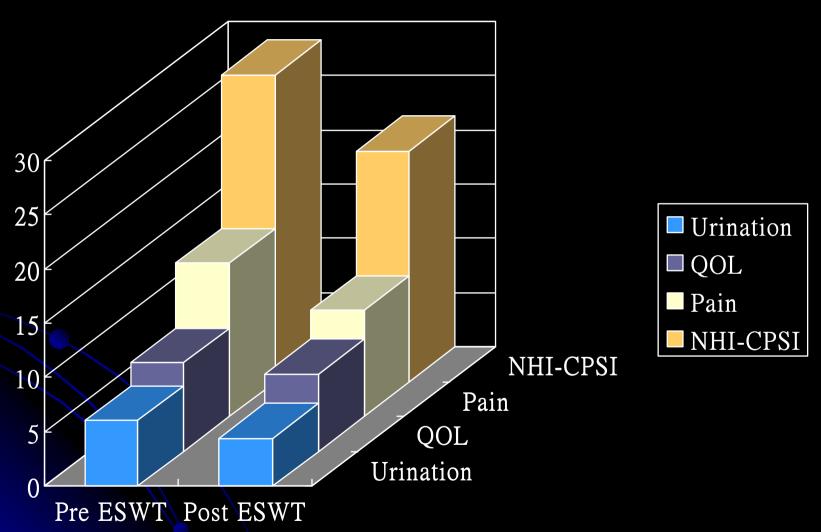
- 8 out of 12 patients (66.67%) showed improvement of symptoms (NHI-CPSI)
- No analgesic required
- No complications reported

- No significant change in IPSS and IIEF-5 after treatment
 - Pre-treatment IPSS: Post-treatment IPSS
 - 12.75: 13.75 (P=0.59)
 - Pre-treatment IIEF-5: Post-treatment IIEF-5
 - 17.25: 19.5 (P=0.25)

- NIH-CPSI improved by 24.78% (28.25 to 21.25) P = 0.00038
- Overall pain score reduced by 30.97% (14.125 to 9.75) P= 0.0023
- Urination symptom improved by 27.08%
 (6 to 4.375) P= 0.013
- Quality of life score improved by 12.31% (8.125 to 7.125) P= 0.067



Treatment response





Conclusions

• ESWT of the prostate region is a safe and effective therapeutic option for CPPS.