

Discussion Paper

Chronic Prostatitis (CP) Chronic Pelvic Pain Syndrome (CPPS) Male Interstitial Cystitis (IC)

Treatment Flowcharts

Important Disclaimer!

These flowcharts are NOT to be used for treatment. This is not a medical document. These flowcharts are for stimulating discussion only. You should heed the medical advice you get from your personal physician only.

Version 1.2

Updates to this paper can be found at
<http://www.chronicprostatitis.com/flowcharts.html>

Send suggestions for improvements to:
<mailto:webmaster@chronicprostatitis.com>

CP/CPPS Diagnosis and Treatment Flowcharts

6/08/2006

A

Presentation of patient with Refractory LUTS

Comment: no counting of leukocytes (no significance), no PPMT or Stamey tests (localization to area not important at this stage).
Future: Test IL-6 & IL-8 levels

Full History
NIH-CPSI
DRE
EPS culture & sensitivity
Urinalysis
Urine culture & sensitivity
Urinary cytology
Uroflow and U/S residual

Infection?

Age > 50
AND/OR
Hematuria?

PSA test. If hematuria,
imaging studies: IVP, CT
Scan and cystoscopy

Abnormality?

Treat cause

Go to CP/CPPS/IC
(Flowchart C)

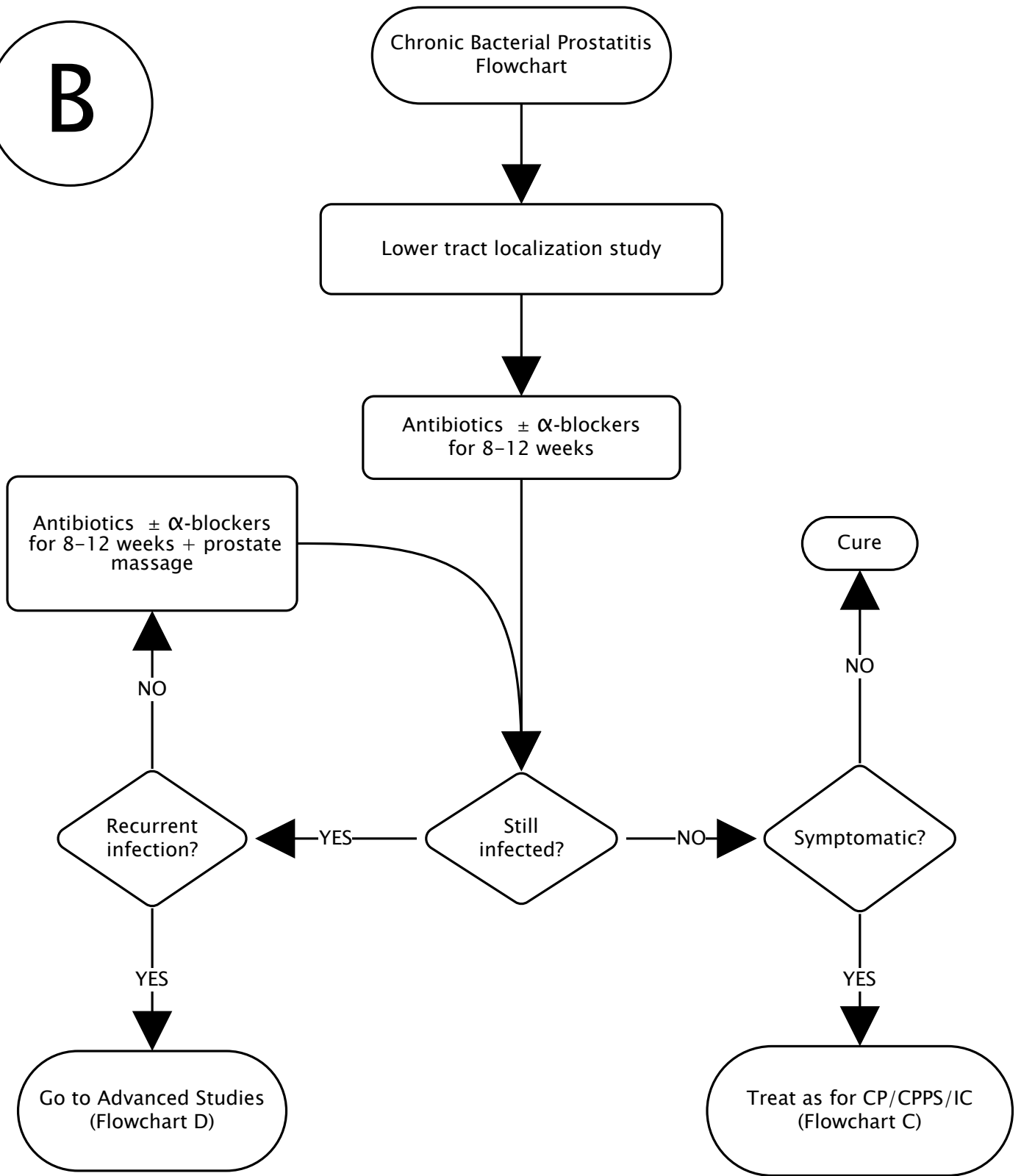
Go to Chronic Bacterial
Prostatitis (Flowchart B)

?Future: Include a NGF (nerve growth factor) test, which can directly differentiate between nerve damage (CPPS/IC) and bacterial inflammation, based on studies by 1) Dimitrakov and 2) Pontari as well as tryptase and CGRP (calcitonin-gene related protein)

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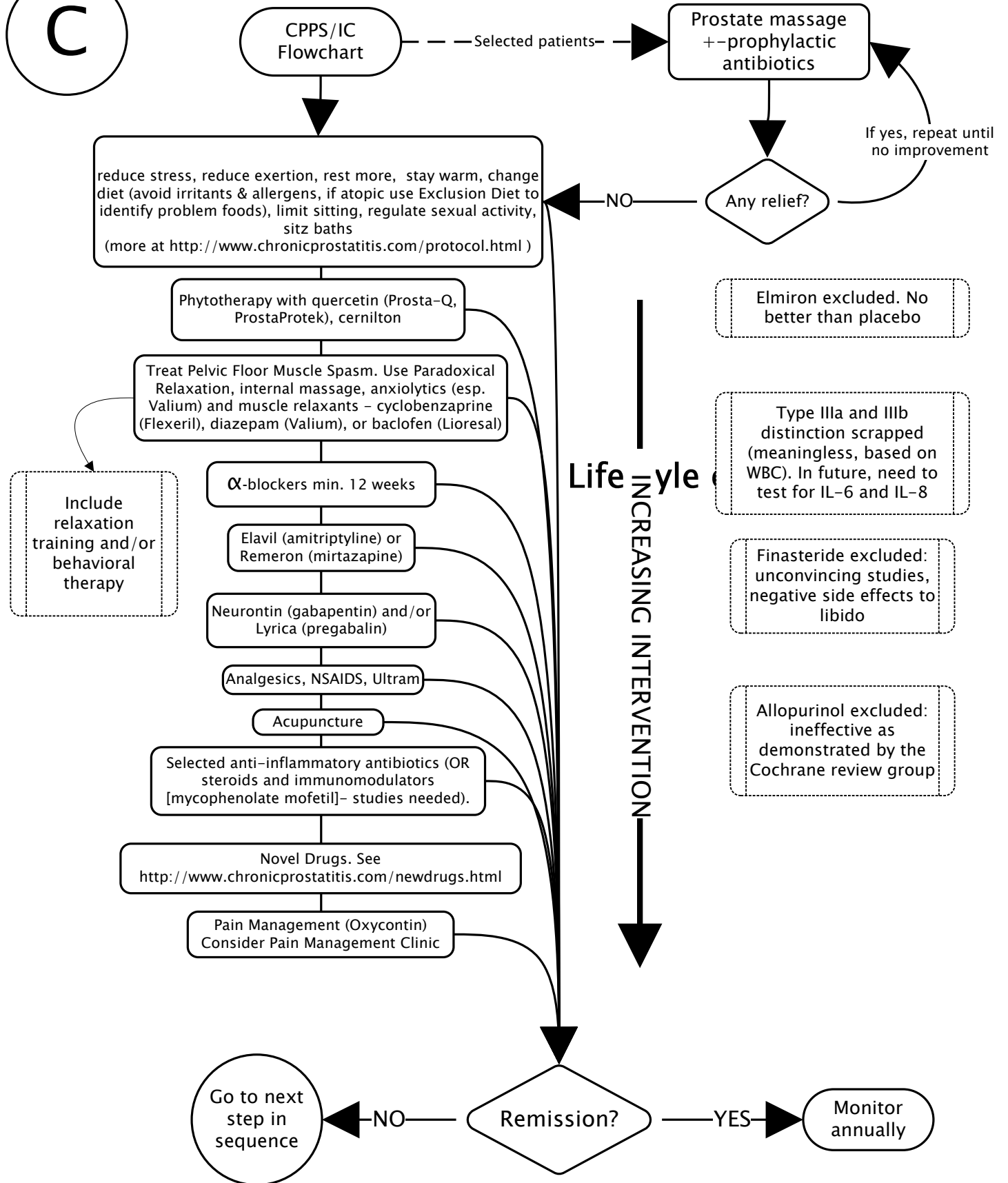
B



CP/CPPS Diagnosis and Treatment Flowcharts

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C



CP/CPSPS Diagnosis and Treatment Flowcharts

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