

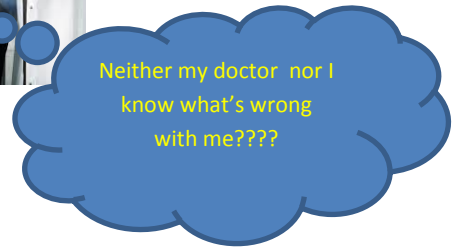
Chronic Pelvic Pain and on-going urethritis in men

Aim:

To improve the management of Chronic Pelvic Pain and on-going urethritis in male patients in sexual health

Back ground:

The management of recurrence and persisting urethritis, Chronic Pelvic Pain (CPP) and Chronic Prostatitis in male patients is challenging. Many men suffer in silent due to multiple factors. Overlapping symptoms of urethritis and CPP with conditions such as prostatic cancer, lack of experience and knowledge by clinicians on the subject, unviability or inadequate use of investigations are just some of the reasons. As a result patients receive repeated courses of antibiotics and multiple clinic visits.



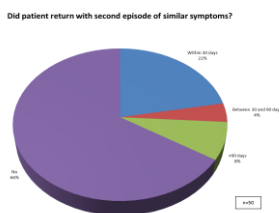
Project strategy

The project was designed to identify the patients with ongoing urethral and pelvic symptoms and to introduce Early Morning Sample(EMS) for those eligible patients. Prior to this a training package, protocol and care pathway was designed to help clinicians direct patients to a referral clinic in which patients will be managed via a multidisciplinary approach.

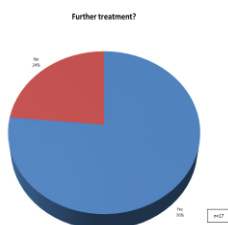
Outcomes:

Baseline audit findings were imperative to have an understanding of the extent of the problem.

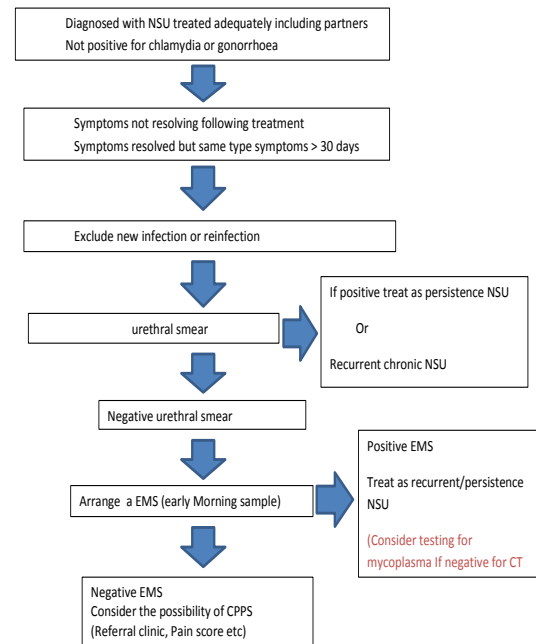
- a. 44%patients had ongoing symptoms after their initial course of antibiotics and 12% had recurrent urethritis or chronic prostatitis.



- b. 76% of patients with recurrent symptoms received another course of antibiotics but none had an EMS (a simple investigation to identify or rule out persistent urethritis).



Protocol for Chronic pelvic pain and recurrent chronic NGU



Conclusions

With the new pathway an EMS is done before the second course of antibiotics which has helped to rule out persistent urethritis in many patients. A referral clinic has been set up for management of patients who have negative EMS but ongoing symptoms. Implementation of the referral clinic is in progress and the plan is to manage the patients diagnosed with CPP with a multi-disciplinary team approach-counselling, physiotherapy and medication.

As there was limited time and resources for education, another teaching session will be done for the clinic staff to revisit knowledge. A re-audit will be done one the project I fully established in 2018. Further education and training for the staff would be ongoing for the success of the project.