

## The Importance of Symptom Questionnaires

Pain cannot be measured using blood tests, etc. Questionnaires can be used to measure pain. Many different types are available. The National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI or CPSI) has been validated in research settings. The symptoms that are reviewed are the same as the symptoms of pudendal neuralgia. That is understandable since 95% of men diagnosed as chronic prostatitis do NOT have infection or inflammation. They have PAIN and other complaints.

There are two types of pain:

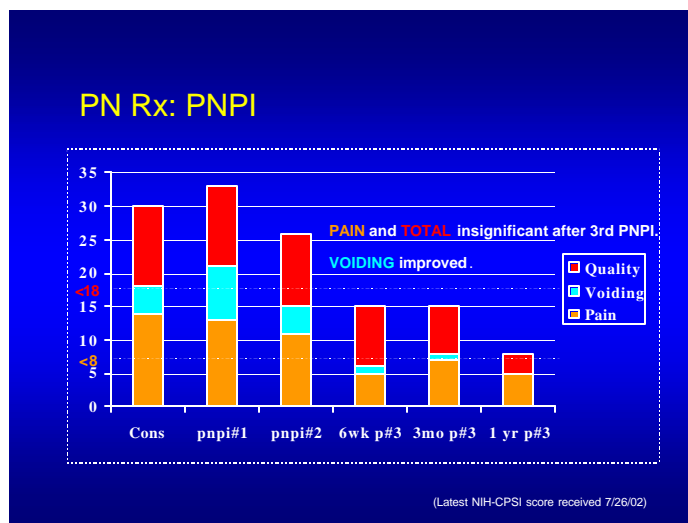
1. Nociceptive pain = noxious perception. That is, the burning sensation from a hot stove, or the pain of an inflamed strep throat.
2. Neuropathic pain = nerve pathology. That is damage to a nerve by pressure, stretching, inflammation, chemicals, etc.

Pudendal neuralgia or entrapment is neuropathic pain caused by a biomechanical process in most people with the problem.

In addition to pain scores, validated symptom scores for sexual function and voiding function are used because of the common coexistence of pelvic pain with sexual dysfunction and bladder complaints.

The following patient responses to treatment use the National Institutes of Health Chronic prostatitis Symptom Index (CPSI). I have used a “Female version”, simply changing the anatomy and adding one question. It reflects patient problems but must be “validated” through research. We hope that our foundation can provide funding for that research.

### Learning to read the NIH-CPSI

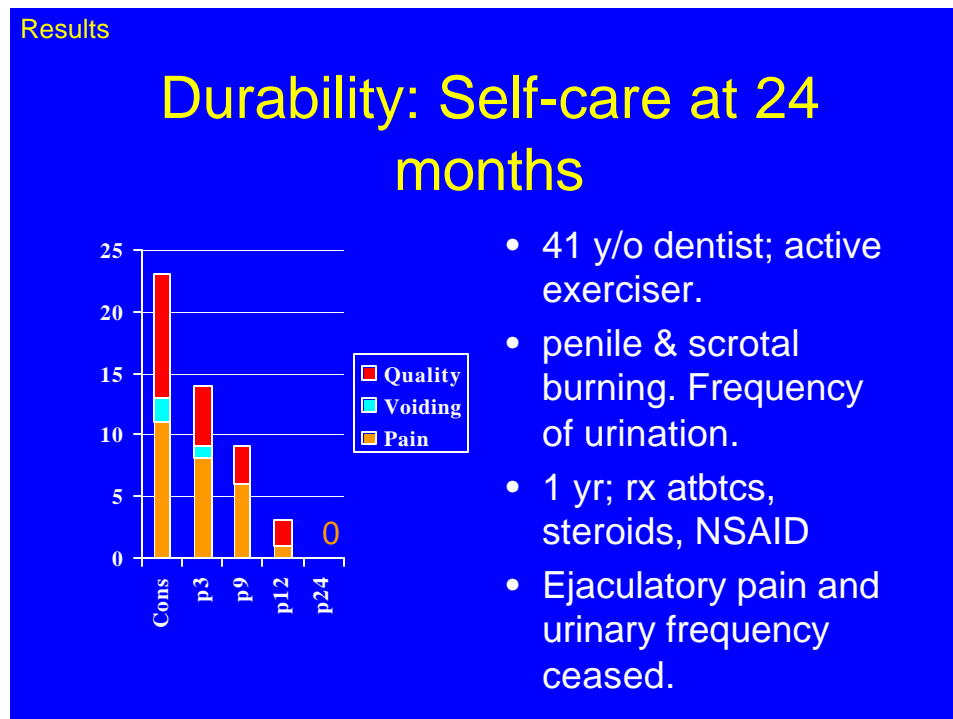


There are four “domains” in the CPSI. Three are charted on the graphs; pain, urination (voiding) and quality of life (QoL). On the graphs QoL includes two domains from the questionnaire; impact of symptoms and quality of life. The total score is high if it

measures >18. Pain is significant if it is >8. In this man pain and urination scores improved with treatment. That is reflected in an improved (lower score) QoL.

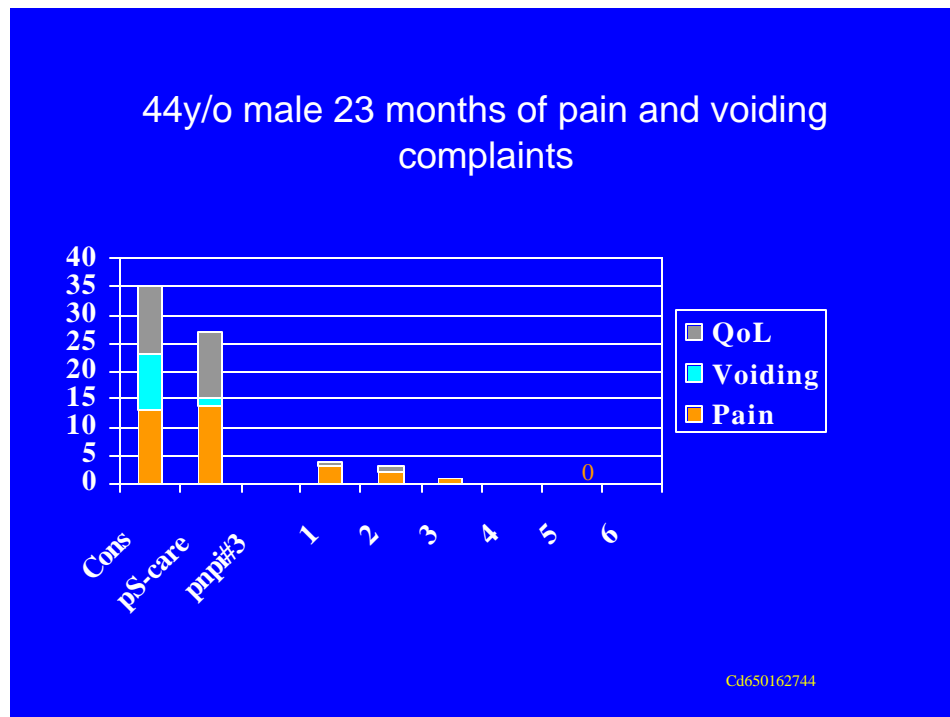
### Results of treatment using self-care.

This man (below) was desperate with pain. After consultation he used amitriptyline and self-care with no other treatments. He is now 34 months after starting treatment and is normal



The initial total score of 23 is “moderate” compared to many other patients. The pain score of 11 is significant but not severe. By 3 months into treatment his total score was within normal range. His QoL score decreased toward normal when he no longer had to take amitriptyline (he felt he was not in control of his life when he took medications).

**PATIENTS TREATED WITH INJECTIONS AROUND THE PUDENDAL NERVE. (PNPI)**



Cons=consultation.

pS-care = after self-care.

The initial total score of 34 is quite high. Note how the “urination” or “voiding score” decreased rapidly with treatment. The quality of life (QoL) improves dramatically as pain decreases and urinary frequency or urgency or blockage decrease.

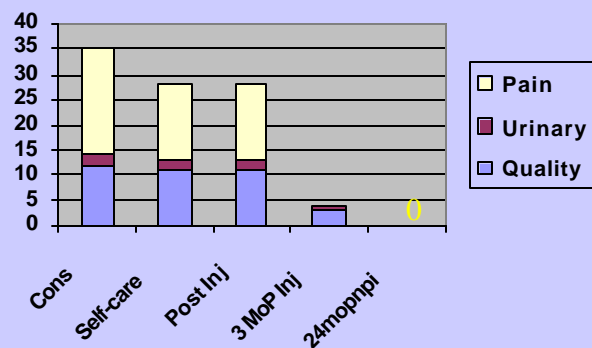
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Below are two graph versions of NIH-CPSI in a 62-year-old man. He is now three years from consultation and treatment. It was difficult to determine the cause of his pain. He had been a rodeo rider in his youth. The precipitating cause was moving his trailer to a lot in the Northwoods of Minnesota. He purchased a new sofa. Simply sitting on the sofa for long hours watching TV lead to compression of his pudendal nerve and TERRIBLE, LIFE-THREATENING PAIN!

Male: Rectal and perineal pain 12 mos.  
 Saw 12-15 doctors No. MN  
 8 different consultants at a major clinic.

Referred because of suicidal threats.

He is pain free three years after injections.(pPNPI)

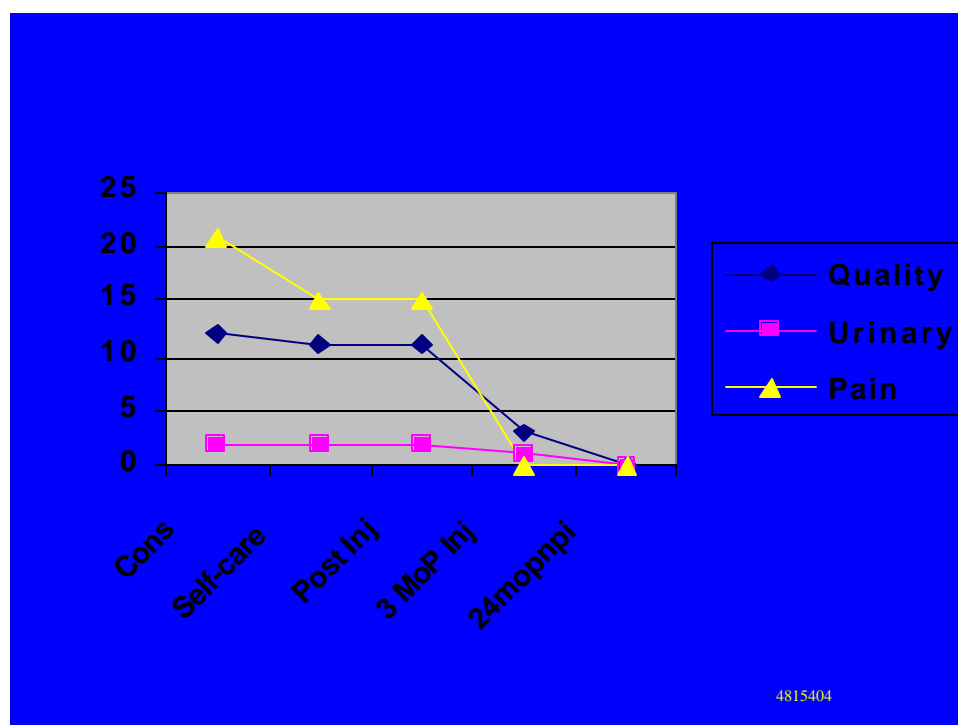


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Note that his pain continued at the same level for six weeks after the third injection. There was a dramatic improvement. Was this a cumulative effect of the steroids and local anesthesia? Was this from his self-care program? Or, was it a combination? He sits on a soft, padded toilet seat when he drives.

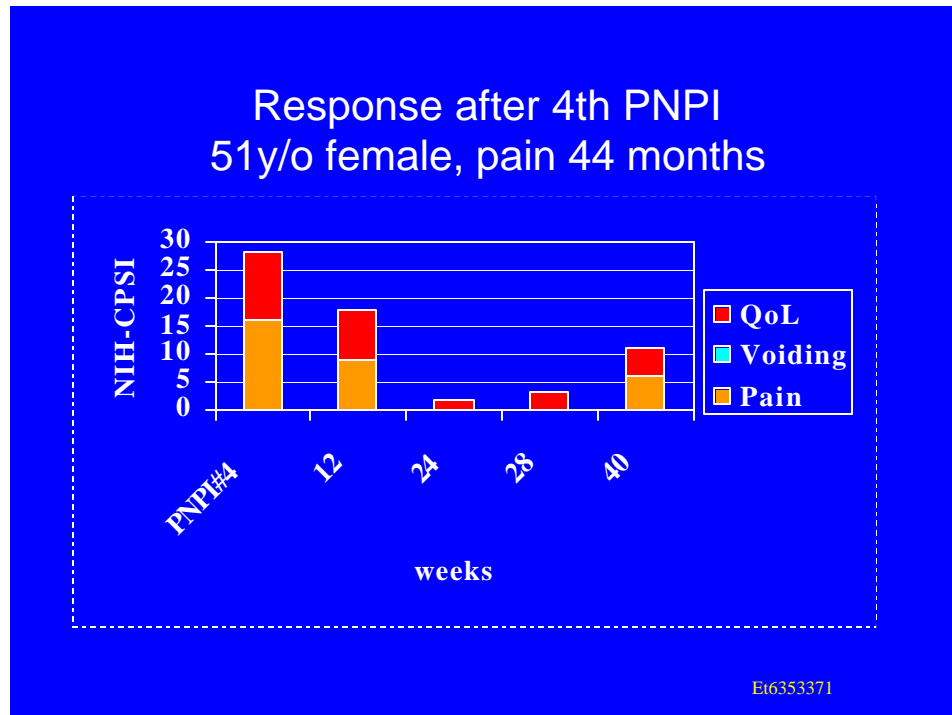
Results such as this make it important to observe for several weeks after completion of the injection program before recommending surgery.

Below is a different format for presenting the same information on the above slide.



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After considerable pain relief, the lady below returned for a fourth injection. Her pain began to return about 30 weeks after PNPI #4. By 40 weeks she is having noticeable but not severe pain.



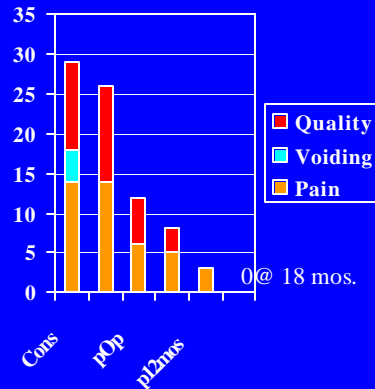
Depending on the clinical course, you may be offered a fourth pudendal nerve perineural injection (PNPI).

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### Scores following Decompression Surgery of the Pudendal Nerve

The man below had voiding problems, sexual dysfunction and severe pain. Previous treatments included narcotics and prostate surgery (at age 32.) Self-care helped. He had excellent relief after injections but it did not last. Pain after surgery required physical therapy. He is almost three years after surgery. He has climbed mountains and rides a bicycle. He considers himself cured.

## Sequential therapies: Self-care, Injections, Surgery

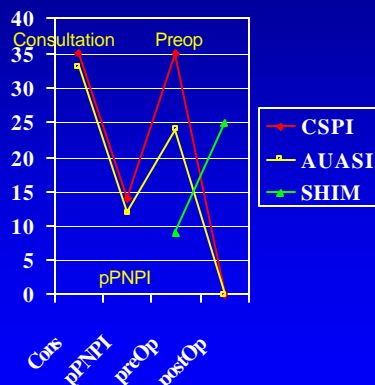


- 32y/o; squatting and lifting engine head.
- Immediate penile, urethral & scrotal pain
- Avid amateur cyclist
- Transient, dramatic response to PNPI x 3.
- durable @ 19 months. Normal activities.

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The man below has pain, bladder problems and sexual dysfunction after a fall onto the buttocks. Sitting on a toilet seat reduced the pain. Injections relieved all complaints for up to 9 weeks. He is cured and all scores are normal at 8 months after surgery. The graph shows CPSI, SHIM and AUASI score results.

## Sequential therapies: Self-care, Injections, Surgery



- Fall onto right buttock
- Pain, irritable bladder
- Retention/ TURP
- Erectile dysfunction
- 7-8 bowel movements daily
- Sx responded to PNPI
- Surgery cured him