

Swelling of the prostate

A plain-English guide for you and your family

WHAT IS HAPPENING

The prostate is a walnut-sized gland that sits just below the bladder in men. Its job is to make fluid that mixes with sperm to help keep sperm alive and moving. When bacteria—most often *E. coli* from the gut—get into the prostate, they trigger swelling and infection. In younger men, bacteria spread through sex (like chlamydia or gonorrhea) can also be the cause. Long-term prostate pain (chronic prostatitis) is trickier; it can come from old infection, pelvic muscle tension, nerve irritation, or a mix of things doctors can't always pinpoint. The swollen gland squeezes the urethra (the tube that carries urine) and presses on nearby nerves, so you feel pain when you pee, need to go often, and may have aching pain between the legs, in the lower back, or when you ejaculate. If bacteria are the cause, you'll also spike a fever and feel truly sick. None of these symptoms is random—they all trace back to one thing: inflammation in a small, tightly packed space that pinches tissue and nerves. The body floods the area with blood and immune cells to wall off the infection and stop it from spreading into the bloodstream, which buys time but also causes the pain and pressure you feel.

What you might feel

- Pain or aching in the lower belly, groin, or the area between the scrotum and anus
- Pain or burning when urinating
- Needing to pee more often, especially at night, or feeling a sudden strong urge
- Weak urine stream or trouble starting the flow
- Pain during or after ejaculation (releasing semen)
- Fever, chills, body aches, and feeling very sick all over
- Prostate feels very tender, swollen, and warm when the doctor gently presses a gloved finger into the rectum (digital rectal exam)
- Blood in the urine or semen

Call the doctor right away if...

- High fever (over 101°F or 38.3°C), shaking chills, confusion, very low blood pressure, or fast heart rate—signs the infection may have spread into the bloodstream (sepsis, a life-threatening emergency)
- Complete inability to urinate even though the bladder feels full and painful—the swollen prostate may be totally blocking the urethra, and the bladder can burst or kidneys can back up if not drained urgently
- Sudden severe pain in the lower back or belly with nausea and vomiting—may signal the infection has climbed up to the kidneys (pyelonephritis) or an abscess (a pocket of pus) is forming in the prostate

What the care team will do

- Check vital signs including temperature, heart rate, and blood pressure every 4 hours
- Ask the patient to try urinating and measure how much urine comes out each time
- Give the prescribed fluoroquinolone antibiotic on time without missing doses
- Teach the patient to apply a warm heating pad or take warm sitz baths to the perineum for 15-20 minutes three times daily
- Give alpha-blocker medication like tamsulosin at bedtime as prescribed
- Encourage the patient to drink 8-10 glasses of water daily unless restricted
- Watch for worsening symptoms like inability to urinate, increased confusion, or shaking chills and notify the provider immediately
- Teach the patient to avoid prolonged sitting, caffeine, alcohol, and spicy foods during treatment

Medicines you may be given — and why

Ciprofloxacin or levofloxacin

These antibiotics kill bacteria by blocking two machines inside the germ that twist and copy its DNA. Without those machines (called DNA gyrase and topoisomerase IV), the bacteria cannot multiply or fix their genetic instructions, so they die. The antibiotic soaks into the prostate tissue and hunts down the germs causing the swelling.

Trimethoprim-sulfamethoxazole (TMP-SMX)

This antibiotic is actually two drugs working as a team. Trimethoprim and sulfamethoxazole each block a different step in the bacteria's factory for making folate (a vitamin-like molecule

germs need to build DNA). By hitting two steps in a row, the combo stops the bacteria from making new DNA, so they cannot multiply and eventually die.

Tamsulosin

Tamsulosin relaxes the smooth muscle wrapped around the prostate and the neck of the bladder by blocking alpha-1A receptors (tiny switches on muscle cells that tell them to squeeze). When those switches are blocked, the muscle eases up, the urethra (the tube that drains urine) opens wider, and urine flows more easily. This does not kill bacteria or shrink the prostate; it simply makes peeing less difficult while the infection heals.

Nonsteroidal anti-inflammatory drugs (NSAIDs): ibuprofen or naproxen

NSAIDs block an enzyme called cyclooxygenase (COX) that the body uses to make prostaglandins (chemicals that trigger pain, fever, and swelling). By stopping prostaglandin production, NSAIDs turn down the pain signal and reduce inflammation in the swollen prostate and surrounding tissues.

Acetaminophen

Acetaminophen blocks COX enzymes mainly in the brain and spinal cord, reducing the perception of pain and resetting the brain's temperature thermostat to lower fever. It does not reduce swelling much because it works weakly on COX enzymes outside the central nervous system.

Where this information comes from

- AUA (American Urological Association) Prostatitis Guideline 2021
- CDC (Centers for Disease Control and Prevention) sexually transmitted and genitourinary infections
- IDSA (Infectious Diseases Society of America) urinary tract infection guidelines
- UpToDate clinical decision support (peer-reviewed synthesis)

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