

NOVEMBER 8-9, 2025

**VIRTUAL**

 **MEN'S PELVIC HEALTH SUMMIT**

# CLINICAL SUMMARY



**GUT CHECK: HOW FOOD, STRESS, AND PELVIC  
PAIN KEEP YOU STUCK & WHAT TO DO ABOUT IT**

**PRESENTED BY DR. JASON STEVENS, RDN, DCN**

**DAY 2 • SESSION 5 • 1:10 PM - 1:40 PM**

# CLINICAL SUMMARY

## Overview

Dr. Jason Stevens is a Doctor of Clinical Nutrition, Registered Dietitian Nutritionist, and the only known RDN working exclusively in men's pelvic health. He integrates pain neuroscience, nutritional therapy, and the biopsychosocial model to support patients experiencing persistent pelvic pain, digestive issues, and sexual dysfunction.

## Key Clinical Themes

### ***Pain is Protection, Not Always Damage***

Chronic pelvic and gut pain often reflect a sensitized nervous system. Symptoms such as bloating, urgency, constipation, and pain are frequently driven by hypervigilance, not tissue damage or disease.

### ***Food and Fear***

Fear-based food restriction is common. Patients may avoid specific foods like caffeine or alcohol, not just for physiological reasons but due to anticipatory anxiety, further reinforcing symptoms.

### ***Gut-Brain Axis & Motility***

Stress influences gut motility via the autonomic nervous system. "Fight or flight" slows digestion, leading to constipation, gas, and distension, which can sensitize pelvic symptoms.

### ***Viscero-Somatic Crosstalk***

Constipation, SIBO, and food sensitivities (e.g., histamine intolerance, FODMAP reactivity) can provoke visceral pain signaling and pelvic floor muscle guarding, contributing to genitourinary and sexual symptoms.

### ***Immune Modulated Pain***

Chronic inflammation and immune responses, often food-mediated, may underlie neuro-immune sensitization and pelvic pain flares. Patterns in skin reactions (e.g., eczema) or food intolerances should raise suspicion.

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## **Fiber**

Fiber therapy is often oversimplified in pelvic health care. While fiber can support motility and stool form, not all fiber is equal, and not all patients benefit from the same type. Fiber is a non-digestible carbohydrate, partially fermented by gut bacteria. This fermentation can produce gas and trigger bloating, especially in hypersensitive systems.

- **Soluble fiber** (e.g., psyllium, oats) forms a gel and may ease stool passage but varies in fermentability. Even within soluble fibers, some are highly fermentable (leading to gas and discomfort), while others are not.
- **Insoluble fiber** (e.g., bran, raw veggies) adds bulk but may worsen symptoms in some.

Prescribing fiber blindly, without assessing fermentability, food sensitivity, or a patient's symptom pattern, can worsen pelvic and gut symptoms. Fiber recommendations must be tailored and often require expert assessment to avoid setbacks. If bowel symptoms persist despite standard advice, or if patients worsen with fiber intake, it's time to refer to a dietitian with digestive and pelvic health expertise.

## **When To Refer To A Clinical Nutritionist**

Dr. Stevens outlines 4 referral domains — the “Four P’s”:

- **Poop:** Constipation, diarrhea, bloating, SIBO, IBS
- **Pee:** Urinary urgency, frequency, bladder irritation
- **Penis:** Erectile dysfunction, cardiovascular concerns, diabetes
- **Pain:** Especially when food, stress, or digestion seem involved

## **Other Flags Include:**

- Histamine reactions (e.g., from wine, tomato sauce)
- Excessive or minimal hydration patterns
- Over-restriction of food groups
- Blood glucose instability, metabolic syndrome
- Kidney stones or prostate inflammation Viscero-Somatic Crosstalk

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## Practical In-Clinic Strategies

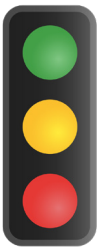
### *Screen Hydration Patterns*

Encourage patients to aim for light yellow urine. Over-hydration can exacerbate urgency; under-hydration can increase urinary irritation.

### *Explore Food Patterns Without Prescribing*

Ask, “What do you eat in a typical day?” to identify extremes or symptom correlations. Use this data to inform referrals.

### *Use The “Traffic Light” Rule*



Green - General Advice (Stay Hydrated, Eat More Veggies) is fine.

Yellow - Treating Symptoms With Food? Refer

Red - Managing specific conditions (e.g., IBS, histamine intolerance, SIBO)? Definitely refer.

### *Validate Psychosocial Stress Around Food*

Frame food reintroduction like “safe touch” — slow, graded exposure helps restore confidence in the body and diet.

### *Final Notes*

Dr. Stevens emphasizes a personalized, collaborative, and non-judgmental approach. Patients are not handed strict diets. His role is to help them explore what’s possible, not impose rules. His own lived experience with pelvic pain allows him to connect deeply with male patients and reframe recovery as achievable.

### *Contact and Collaboration*

Dr. Stevens sees patients in collaboration with Dr. Susie Gronski’s practice and accepts outside referrals for men experiencing pelvic and nutritional-related distress.