

BPH

(BENIGN PROSTATIC HYPERTROPHY)

WHAT IS THE PROSTATE GLAND?

The prostate is a solid walnut-sized gland that sits between the bladder and urethra. The function of the prostate is to secrete enzymes and fluid to make semen more fertile. The prostate “hitches a ride” to the urinary stream. As men age, the prostate grows and begins to slow the flow of urine as it passes from the bladder to the urethra.

WHAT IS BPH?

BPH is the natural unpreventable growth of prostate tissue. All men’s prostates grow. This is a response to testosterone and dihydrotestosterone (DHT) exposure over time. BPH typically begins in the mid 40’s. Many men begin to have symptoms of BPH in their 50’s and 60’s. The greatest risk factor is heredity. If your father had problems with his prostate, it is likely you will too. Typical symptoms can be divided into obstructive and irritative components. Most men with BPH have some of each.

OBSTRUCTIVE SYMPTOMS:

- waking up 3-4 times at night to urinate
- urine dribbling minutes or hours later
- slow urine stream in the morning
- stop and go urinating
- feeling like your bladder is not empty
- having to urinate two times in a short time

IRRITATIVE SYMPTOMS:

- feeling that you have to rush to the bathroom
- leaking urine without warning
- burning or stinging with urination

HOW IS BPH DIFFERENT FROM PROSTATE CANCER?

BPH is not prostate cancer. They are completely separate and independent growths from the same gland. Most men with prostate cancer DO NOT have BPH symptoms. Prostate cancer is checked by regular digital rectal exams and the PSA blood test. If either is suspicious, then your doctor will order a prostate biopsy. However, men with BPH can develop prostate cancer. Oftentimes men with an elevated PSA will be found to have BPH on their biopsy. The confusion occurs because both BPH and prostate cancer can increase the PSA.

HOW IS BPH TREATED?

First a man is evaluated for the severity and duration of his symptoms. A routine physical exam, including prostate check is performed. All men should have a urine test and PSA. Next urine flow tests are done in the office. This is when the man urinates into a funnel and then his post-void residual is checked with a non-invasive bladder ultrasound. These non-invasive tests allow your doctor to objectify your symptoms and form a baseline from which to start. Now, as a team, the doctor will discuss with you the treatment options. These include medications, natural remedies, office based minimally invasive procedures and hospital based procedures.

MEDICATIONS AND HERBAL REMEDIES:

Herbal Remedies:

Many natural substances may have improve BPH symptoms. Unfortunately, none of these have any scientific proof, however many of these substances are undergoing studies. Many men swear by them and at the very least, they do not appear to be harmful.

1. Saw Palmetto
2. Pygeum
3. Pumpkin seed
4. Omega-3 fatty acids

Medications:

There are two classes of medicines designed for BPH. The alpha blockers (Hytrin™/terazosin, Cardura™/doxazosin, Flomax™, Uroxital™) work by relaxing the smooth muscles in and around the prostate and bladder neck. This class of medicine can have a dramatic effect within one or two days.

The common side effects of this class of medicines include stuffy nose, retrograde ejaculation (dry ejaculate), light-headedness when standing up and occasionally fatigue.

The reductase inhibitors (Proscar™, Avodart™) work by blocking the conversion of testosterone to very potent DHT. DHT is responsible for prostate growth. These medicines take between 4 to 6 months to improve BPH symptoms. The common side effects of this family of medicines include decreased libido and breast tissue growth.

MINIMALLY INVASIVE TREATMENTS FOR BPH:

If the man's BPH symptoms are not improved with remedies or prescription medicine or the side effects of the medicines are intolerable, the doctor will suggest prostate reducing procedures. Over the past 5 years, office based procedures have gained popularity. Procedures such as the cooled microwave (TUMT) and needle ablation (TUNA) are routinely offered prior to hospital-based surgery. Office based prostate reducing procedures are performed using sedatives and local anesthetics. The procedure lasts about one hour. The goal of these procedures is applying an energy source directly to the prostate tissue causing it to vaporize and allow easier passage of urine. Most men will need a catheter for 2-3 days. The procedures are very well tolerated. Overall, 2/3 of men will have improvement in their BPH symptoms for up to 5 years. The risk of impotence and incontinence is negligible. The procedures can be repeated if the symptoms return or the man may elect for a hospital based prostate reductive procedure.

HOSPITAL BASED TREATMENTS FOR BPH:

This is the time honored "rotor-rooter" or TURP operation. The operation has changed dramatically over the past 10 years. In the past, men would be admitted to the hospital for 2 or more days following their TURP to allow the blood in the urine to stop. More recently, lasers have been used with great success to making bleeding minimal. Since using the green light/KTP laser, most men can go home the same day of their TURP and only need a catheter for one or two days. The procedure still needs to be done in a hospital or ambulatory surgery center so that an anesthetic can be used, however this is "not your father's TURP". The modern TURP improves BPH symptoms typically for 10 years.

WHAT IS BEST FOR ME?

The approach to managing your BPH is through understanding your options. This is very much a team approach. As can be seen there are many options for

effectively treating BPH. Your doctor should lay out a treatment algorithm from the most conservative to most invasive. At each step the risks and side effects of the treatments will be discussed in order to maximize your success.