

Benign Prostatic Hyperplasia (BPH)

Prostate gland enlargement can cause bothersome urinary symptoms. Untreated, prostate gland enlargement can block the flow of urine out of the bladder and cause bladder, urinary tract or kidney problems.

Doctors at Dr Aulakh's Institute will offer you several effective treatments for prostate gland enlargement, including medications, minimally invasive therapies and surgery. To choose the best option, you and your doctor will consider your symptoms, the size of your prostate, other health conditions you might have and your preferences.

What are the common signs and symptoms of BPH ?

- Frequent or urgent need to urinate
- Increased frequency of urination at night (nocturia)
- Difficulty starting urination
- Weak urine stream or a stream that stops and starts
- Dribbling at the end of urination
- Straining while urinating
- Inability to completely empty the bladder

The size of your prostate doesn't necessarily mean your symptoms will be worse. Some men with only slightly enlarged prostates can have significant symptoms, while other men with very enlarged prostates can have only minor urinary symptoms.

What are the risk factors for prostate gland enlargement ?

- **Aging.** Prostate gland enlargement rarely causes signs and symptoms in men younger than age 40. About one-third of men experience moderate to severe symptoms by age 60, and about half do so by age 80.
- **Family history.** Having a blood relative, such as a father or brother, with prostate problems means you're more likely to have problems.
- **Ethnic background.** Prostate enlargement is less common in Asian men than in white and black men. Black men might experience symptoms at a younger age than white men.
- **Diabetes and heart disease.** Studies show that diabetes, as well as heart disease and use of beta blockers, might increase the risk of BPH.
- **Lifestyle.** Obesity increases the risk of BPH, while exercise can lower your risk

What are the complications of enlarged prostate if you don't take treatment?

- **Sudden inability to urinate (urinary retention).** You might need to have a tube (catheter) inserted into your bladder to drain the urine. Some men with an enlarged prostate need surgery to relieve urinary retention.
- **Urinary tract infections (UTIs).** Inability to fully empty the bladder can increase the risk of infection in your urinary tract. If UTIs occur frequently, you might need surgery to remove part of the prostate.
- **Bladder stones.** These are generally caused by an inability to completely empty the bladder. Bladder stones can cause infection, bladder irritation, blood in the urine and obstruction of urine flow.
- **Bladder damage.** A bladder that hasn't emptied completely can stretch and weaken over time. As a result, the muscular wall of the bladder no longer contracts properly, making it harder to fully empty your bladder.
- **Kidney damage.** Pressure in the bladder from urinary retention can directly damage the kidneys or allow bladder infections to reach the kidneys.

Doctors at Dr Aulakh's Institute will start by asking detailed questions about your symptoms and doing a physical exam. This initial exam is likely to include:

- **Digital rectal exam.** The doctor inserts a finger into the rectum to check your prostate for enlargement.
- **Urine test.** Analyzing a sample of your urine can help rule out an infection or other conditions that can cause similar symptoms.
- **Blood test.** The results can indicate kidney problems.
- **Prostate-specific antigen (PSA) blood test.** PSA is a substance produced in your prostate. PSA levels increase when you have an enlarged prostate. However, elevated PSA levels can also be due to recent procedures, infection, surgery or prostate cancer.
- **Neurological exam.** This brief evaluation of your mental functioning and nervous system can help identify causes of urinary problems other than enlarged prostate. After that, your doctor might recommend additional tests to help confirm an enlarged prostate and to rule out other conditions. These additional tests might include:
 - **Urinary flow test.** You urinate into a receptacle attached to a machine that measures the strength and amount of your urine flow. Test results help determine over time if your condition is getting better or worse.

- **Postvoid residual volume test.** This test measures whether you can empty your bladder completely. The test can be done using ultrasound or by inserting a catheter into your bladder after you urinate to measure how much urine is left in your bladder.
- **24-hour voiding diary.** Recording the frequency and amount of urine might be especially helpful if more than one-third of your daily urinary output occurs at night.

Medication

Medication is the most common treatment for mild to moderate symptoms of prostate enlargement. The options include:

- **Alpha blockers.** These medications relax bladder neck muscles and muscle fibers in the prostate, making urination easier. Alpha blockers — which include alfuzosin, doxazosin, tamsulosin, and silodosin— usually work quickly in men with relatively small prostates. Side effects might include dizziness and a harmless condition in which semen goes back into the bladder instead of out the tip of the penis (retrograde ejaculation).
- **5-alpha reductase inhibitors.** These medications shrink your prostate by preventing hormonal changes that cause prostate growth. These medications — which include finasteride and dutasteride— might take up to six months to be effective. Side effects include retrograde ejaculation.
- **Combination drug therapy.** Your doctor might recommend taking an alpha blocker and a 5-alpha reductase inhibitor at the same time if either medication alone isn't effective.
- **Tadalafil.** Studies suggest this medication, which is often used to treat erectile dysfunction, can also treat prostate enlargement. However, this medication is not routinely used for BPH and is generally prescribed only to men who also experience erectile dysfunction.

There are several types of minimally invasive or surgical therapy.

Transurethral resection of the prostate (TURP)

A lighted scope is inserted into your urethra, and the surgeon removes all but the outer part of the prostate. TURP generally relieves symptoms quickly, and most men have a stronger urine flow soon after the procedure. After TURP you might temporarily need a catheter to drain your bladder, and you'll be able to do only light activity until you've healed.

Transurethral incision of the prostate (TUIP)

A lighted scope is inserted into your urethra, and the surgeon makes one or two small cuts in the prostate gland — making it easier for urine to pass through the urethra. This surgery might be an option if you have a small or moderately enlarged prostate gland, especially if you have health problems that make other surgeries too risky.

Laser therapy

A high-energy laser destroys or removes overgrown prostate tissue. Laser therapy generally relieves symptoms right away and has a lower risk of side effects than does nonlaser surgery. Laser therapy might be used in men who shouldn't have other prostate procedures because they take blood-thinning medications.

The options for laser therapy include:

- **Ablative procedures.** These procedures vaporize obstructive prostate tissue to increase urine flow. Examples include photoselective vaporization of the prostate (PVP) and holmium laser ablation of the prostate (HoLAP). Ablative procedures can cause irritating urinary symptoms after surgery, so in rare situations another resection procedure might be needed at some point.
- **Enucleative procedures.** Enucleative procedures, such as holmium laser enucleation of the prostate (HoLEP), generally remove all the prostate tissue blocking urine flow and prevent regrowth of tissue. The removed tissue can be examined for prostate cancer and other conditions. These procedures are similar to open prostatectomy.