

Enlarged prostate (BPH): symptoms, medications and procedures

BPH is noncancerous growth of the prostate, and a large gland does not necessarily mean a blocked one. The right plan, whether watching, medication or a procedure such as prostate artery embolization, depends on how the prostate is affecting your bladder, your risks and what you want to preserve.

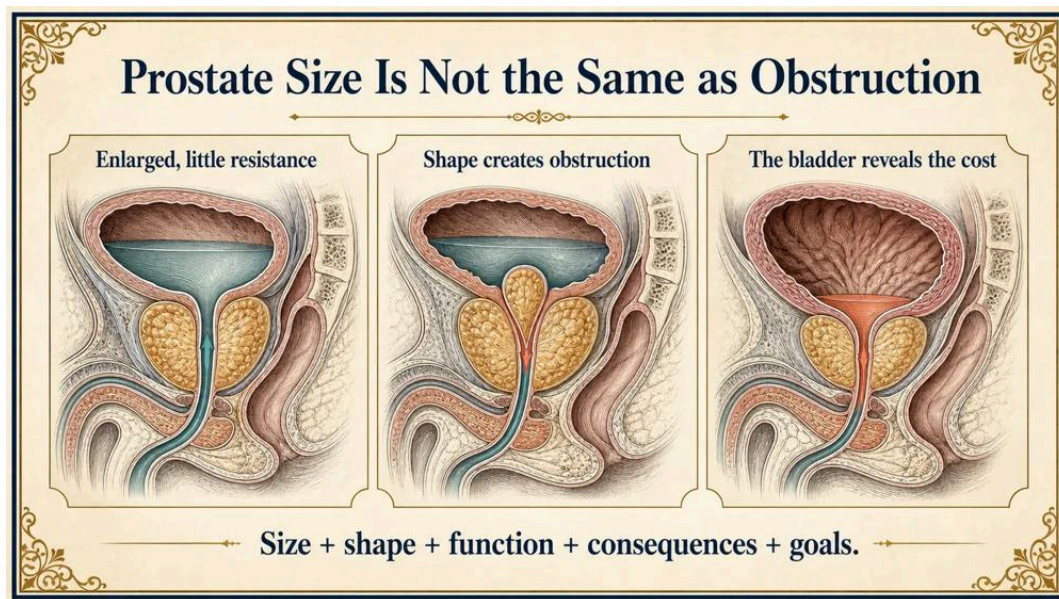


Figure 17.1. Prostate Size Is Not the Same as Obstruction. Prostate volume is one part of the workup. Bladder response, urinary flow, residual urine, complications, and patient goals determine significance.

Key points

- BPH is not prostate cancer, and urinary symptoms do not prove cancer is present.
- A large prostate may cause little trouble; a smaller one may obstruct severely.
- Bother and medical risk are different: a large residual, infections, stones or kidney effects can matter even with few symptoms.
- Alpha blockers work in days; 5-alpha-reductase inhibitors shrink selected glands over months and lower PSA.
- Procedures are not ranked from modern to old or minor to major; the best one fits your anatomy and goals.
- Prostate artery embolization is an option for selected men, planned together by the interventional radiologist and urologist.

Get prompt care if you notice

- Sudden complete inability to urinate
- Fever or chills with urinary symptoms or flank pain
- Heavy bleeding with clots
- Recurrent urinary retention, infections, bladder stones or signs of kidney effects

Questions to ask your urologist

- Is my prostate actually obstructing urine flow, and how is my bladder responding?
- Which complications would make definitive treatment more important for me?
- What is this medication meant to change, how soon, and when will we decide whether to continue?
- Which procedures, including prostate artery embolization, fit my exact anatomy?
- How do they compare for durability, recovery, catheter time, erections and ejaculation?
- How often do you perform the procedure you recommend, and what would another specialist offer?

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