

Choosing a prostate procedure for BPH: matching anatomy and goals

A prostate procedure can widen a blocked outlet, but it cannot fix symptoms driven by something else, so the first step is confirming that obstruction is the target. From there, your anatomy narrows the options, and your priorities on durability, recovery, anesthesia, catheter time, bleeding and sexual function choose among the procedures that remain.

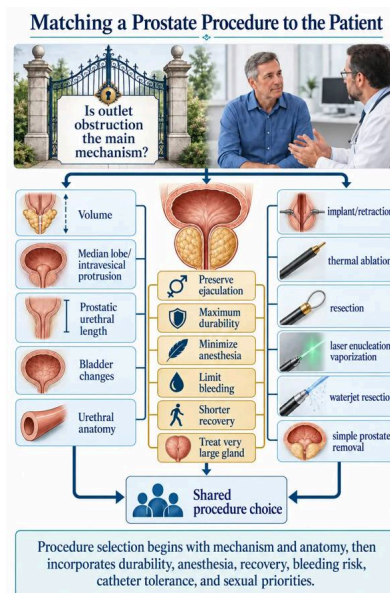


Figure 19.1. Matching a Prostate Procedure to the Patient. Procedure selection begins with mechanism and anatomy, then incorporates durability, anesthesia, recovery, bleeding risk, catheter tolerance, and sexual priorities. The figure shows examples rather than every option; prostate artery embolization is discussed in the text.

Key points

- Confirm that obstruction is driving the symptoms before choosing any procedure.
- The same procedure can be excellent for one gland shape and unpredictable for another.
- Prostatic artery embolization is another option for selected men with benign prostate enlargement, with selection coordinated with the urologist.
- Think in four time horizons: the procedure, recovery, urination months later and the chance of retreatment years later.
- Erections and ejaculation are different functions; "sexual side effects" is too vague for informed consent.
- A recommendation is incomplete if reasonable alternatives are left out because the clinician does not perform them.

Get prompt care if you notice

- After a procedure: heavy bleeding
- After a procedure: inability to urinate
- After a procedure: shortness of breath

Questions to ask your urologist

- Is obstruction really the main cause of my symptoms, and how was that measured?
- Which procedures fit my exact anatomy, and which do not?
- How do the options compare for durability, retreatment, recovery and catheter time?
- How might each option affect my erections and my ejaculation, separately?
- How often do you perform the procedure you recommend, and what might another specialist offer?
- Which symptoms may not improve, and what is the next step if the result is incomplete?

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