

This booklet has been compiled by Prostate Scotland with advice from PAGES (Prostate Advisory Group Prostate Scotland).

Prostate Scotland acknowledges the help and support from the members of the group:

Professor Alan McNeill, Consultant Urologist, Western General Hospital, Edinburgh (Chair of PAGES)

Karen Edwards, Specialist Urology Physiotherapist, Western General Hospital, Edinburgh

Mr Graham Hollins, Consultant Urologist, University Hospital, Ayr

Lesley McKinlay, Lecturer, Queen Margaret University, Edinburgh

Frances McLinden, Clinical Service Manager Urology, Greater Glasgow and Clyde

Rita O'Dea, Clinical Nurse Specialist, Western General Hospital, Edinburgh

Roy Partington

Peter Phillips

Dr Barbara Phipps, GP, Edinburgh

Mr. Ben Thomas, Consultant Urologist, Borders General Hospital/Western General Hospital, Edinburgh

Prostate Scotland staff: Adam Gaines, Director. Mae Bell, Information and Advice Coordinator

We would also like to acknowledge support from:

Patricia Chalmers

Mr Brian Corr, Urology Clinical Nurse Specialist, Raigmore Hospital, Inverness

Mr David Douglas, Consultant Urologist, Raigmore Hospital, Inverness

Dr Alastair Law, Consultant Oncologist, Western General Hospital, Edinburgh

Dr Duncan McLaren, Consultant Oncologist, Western General Hospital, Edinburgh

Mr. Grant Stewart, Specialist Registrar in Urological Surgery, Western General Hospital, Edinburgh

Mr. Mark Underwood, Consultant Urologist, Glasgow Royal Infirmary

The information contained in this leaflet has been developed by Prostate Scotland and reviewed by its Advisory Group of doctors, nurses and patients. This leaflet is not intended to replace medical advice or seeing a doctor for specific illnesses or symptoms.

BPH and Treatments Explained received 'Commended' at the BMA Patient Information Awards 2013.

The Information and Advice Project for Prostate Scotland has been made possible by funding from the Scottish Government and Sir Tom Farmer through the Farmer Foundation.

Contact Us

Prostate Scotland, 6 Hill Street, Edinburgh EH2 3JZ

Tel: 0131 603 8660 Email: info@prostatescotland.org.uk

www.prostatescotland.org.uk

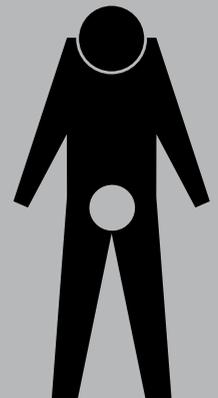
Date: Reviewed and revised June 2013 © Prostate Scotland

Prostate Scotland is a charity registered in Scotland (SC037494).

Prostate Scotland is a company registered in Scotland (SC 306268).

Prostate Scotland would like to thank Cairn Energy for a kind donation to fund the re-print of this booklet.

BPH and Treatments Explained



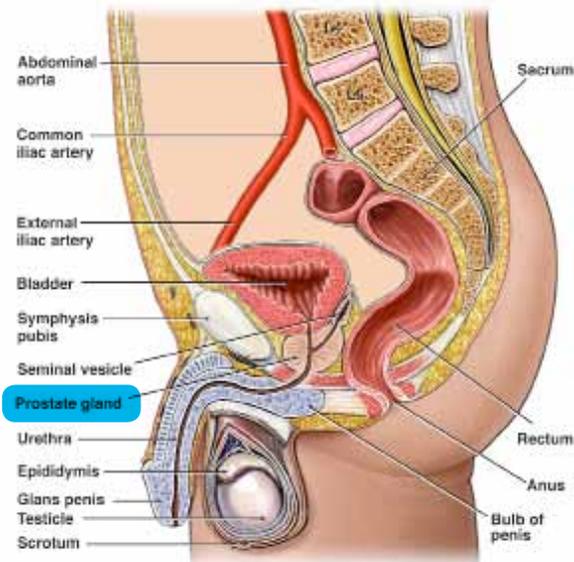
What is the prostate?

If you don't know what your prostate is, where it is or what it does, you're certainly not alone. In fact, most people don't know! Many men still find it uncomfortable or difficult to talk about the prostate as it plays a role in both passing urine and sexual intercourse.

Only men have a prostate. It starts out about the size of a pea then slowly grows to the size of a walnut, until the man is in his 20s. Around the age of 40 it starts to grow or enlarge again and this may cause problems for a man when passing urine or not being able to pass urine.

Where is it?

The prostate is inside the pelvis, just below the bladder and in front of the back passage. It wraps around the tube, called the urethra, through which urine flows out of the bladder and semen passes out through the penis. So, the prostate cannot be seen or checked from outside the body.



Medical illustration copyright ©Nucleus Medical Media, all rights reserved

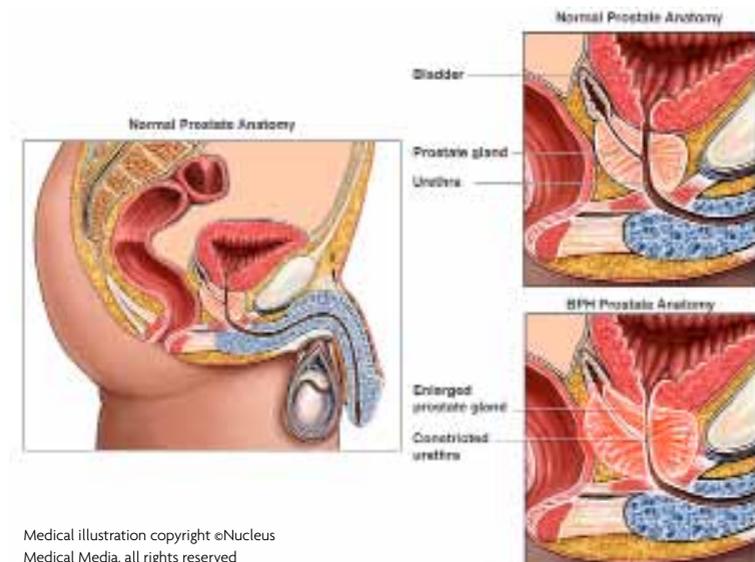
What does the prostate do?

It supplies a thick, clear fluid that mixes with sperm to form semen, called the ejaculate. This fluid helps to nourish and protect sperm during intercourse. It also makes Prostate Specific Antigen (PSA). More information about PSA is given later in the booklet.

Benign Prostatic Hyperplasia (BPH)

I've been told I have this so what is it?

As a man ages, changes happen in his body. After the age of 40, such changes include the prostate getting bigger or enlarging. When this enlarging starts to cause problems, doctors call this Benign Prostatic Hyperplasia or BPH. To explain this - 'benign' means the enlargement isn't caused by cancer and won't spread to other parts of your body. 'Hyperplasia' means that cells are dividing more quickly, which causes the prostate tissue to get bigger or enlarge. Sometimes you may hear it called Benign Prostatic Enlargement (BPE).



Medical illustration copyright ©Nucleus Medical Media, all rights reserved

As the prostate gets bigger it squeezes the urethra, the tube that allows urine to pass from the bladder out through the penis, and so may cause these symptoms:

Having to go to the toilet.....**FAST**

Passing urine more often than before and during the night

So does this sound like you?

Taking longer to empty the bladder with a weak, dribbly flow of urine

Planning journeys knowing there are toilets on the way

As the prostate slowly enlarges, your symptoms **may** gradually get worse, disturbing your sleep and affecting your day-to-day life. Worsening symptoms are most likely due to how much the prostate is squeezing the urethra rather than how big your prostate is becoming.

Can BPH be treated?

There are three main treatments available for BPH. You will find more information about treatments later in this booklet.

The choices of treatment for your BPH include:

- Lifestyle change with monitoring
- Medication
- Surgical procedures

Or it could mean a mixture of these. You and your doctor can talk about which treatment is best for you.

Dealing with the problem ...

How might BPH affect my life?

- Maybe you are tired all the time because you can't get a decent night's sleep as you are up to go to the toilet so many times

- You might feel embarrassed when you are out on social occasions as you have to disappear to the toilet so often
- You may avoid going out altogether
- When you are going out, you plan your journey so you know where you can stop to go to the toilet
- You may worry going to work in case 'you are caught short'
- Colleagues and friends make jokes about 'going again'
- Standing in the loo waiting for something to happen
- Your partner has concerns and worries about your health
- Constant trips to the toilet during the night can affect your partner's sleep too

A visit to your GP is the first step on the path to help with your symptoms.

However, some men choose to ignore the problem for a variety of reasons:

Fear of what the doctor might say or diagnose	BPH is not prostate cancer and does not necessarily mean that prostate cancer will develop. But, certain symptoms can be similar
Being too embarrassed	You may feel that you are the only one to have this condition - you are not. By the age of 50, about half of all men have begun to develop an enlarged prostate. By age 80 this increases to about 9 out of 10 men having the condition
Anxious about talking to the doctor and about what will happen	Don't worry, doctors are used to dealing with these kinds of difficulties every day. It's so much better for you to check out the problem sooner rather than later

What are the symptoms and why do these happen?

Symptoms of BPH happen because the enlarged prostate squeezes the urethra. This makes the urethra narrower and means that urine can't pass down it as easily as before. These are called 'voiding symptoms'.

Hesitancy	Standing waiting for a while before urine starts to flow
Intermittent stream	Stopping and starting when passing urine
Straining	Having to push to start urine flowing
Weak or poor stream	Having a weak, dribbly flow of urine and taking longer to empty the bladder
Dribbling	After finishing, a bit more urine trickles out and you can't control this
Poor emptying	Never feeling that you've completely emptied your bladder

Because of these symptoms, your bladder has to work harder to push urine out. After a while, because of the extra work, your bladder becomes thickened and less 'stretchy' and can't store as much urine. So, you get symptoms called 'storage' symptoms. These are usually the symptoms which cause men the most trouble and are usually the reason for visiting the doctor. They may include:

Frequency	Needing to pass urine more often than before
Urgency	Difficulty holding urine in and having to get to the toiletfast'
Nocturia	Having to get up several times during the night to pass urine
Urge incontinence	Being unable to reach the toilet in time when needing to pass urine resulting in a leak of urine

Your doctor will ask about all your symptoms.

Even if your symptoms are mild and not particularly bothering you, make an appointment with your GP to have them checked out.

A test before you go

Before seeing your GP, it might be easier to think about and answer the questions in the symptom self-test. This can be found inside the flap at the back of this booklet. You can fill this out and take it along with you.

Alternatively, you can find the symptom self test on our website www.prostatescotland.org.uk. Answering the questions before you go will give your GP a really good insight into what your symptoms are and how they may be affecting your quality of life. It can also be an easy way for you to start talking to your GP about something you might find a bit embarrassing.

What happens when I go to see my GP?

Your GP will ask about your symptoms. It would be very helpful to start keeping a diary of your visits to the loo! If you do it now, you will be able to see if the treatment, once it has started, is making your symptoms better. It also helps the doctor decide if your treatment is working or needs to be changed. A chart (Visits to the toilet diary) that you may find useful to fill in is included in the pocket at the end of the booklet.

Tests you might have with your GP

Urine sample

You may be asked to provide a urine sample and it may be helpful if you bring a urine sample to your appointment so the doctor can check this at your consultation. This will be checked for blood, glucose (a type of sugar) and for any signs of an infection in your bladder or kidneys.

Blood tests

Your doctor may take blood samples. The results normally take a few days

to come through. Ask when you should phone for the results. Tell your GP about any medications or herbal supplements you are taking as they could affect your test results.

One of the blood tests your GP may do is to check that your kidneys are working properly before checking your prostate.

Prostate Specific Antigen test (PSA test)

This is another blood test. Prostate Specific Antigen (PSA) is a protein made in your prostate. It is normal for small amounts of PSA to leak out of the prostate into your bloodstream. PSA tests are one of the tests done to check for potential problems with your prostate. Your GP will take a blood sample and send this to the laboratory to measure how much PSA is in your blood. This is called your PSA level. To some extent it depends on your age, but, as a rough guide, this should be:

AGE	Suggested upper levels of PSA (ng/ml)
40 - 49	2.5
50 - 59	3
60 - 69	4
70 and over	5

In some areas there might be slight differences in the levels used, and your doctor will explain this to you. As you get older, or if your prostate is damaged or enlarged, then more PSA can leak out into your blood, giving you a higher PSA level. Later on, this test can be used to check how well your treatment is working or if your PSA level is rising.

Before having the blood test you might want to take some time to think about what the results might mean for you. More information on the PSA test can also be found in our booklet 'PSA testing for you and your prostate' or on our website www.prostatescotland.org.uk. It may also help to speak to your GP or a practice nurse about the PSA test.

Digital Rectal Examination (DRE)

This is usually one of the first examinations that your GP will do. It gives your doctor an idea of the shape, size and condition of your prostate. The prostate cannot be seen or checked from outside the body, so a DRE is to check the prostate. So, you will be asked to lie on the bed on your side. The doctor will then put a gloved finger into your back passage to feel your prostate. Although you may feel embarrassed and a bit uncomfortable, it shouldn't hurt. It's much better for you and the doctor if you can manage to relax. Remember the doctor has done this many times before and understands how you might be feeling.

Voiding diary

You may be asked to keep a 'voiding' diary. Voiding means passing urine. Over a few days, you will be asked to write down things like:

- The number of times you go to the toilet during the day to pass urine
- The number of times you get up during the night to pass urine
- The approximate time of the day you go to the toilet
- The amount of urine you pass
- How often do you feel that you've not been able to completely empty your bladder?
- How often do you 'stop and start' when going to the toilet?
- How often do you find it difficult to hold your urine?
- How often have you noticed a weak stream of urine or urine not flowing as quickly as usual?
- If you have to push to make the urine start flowing
- What and how much you drank e.g. tea, coffee, water

The diary is a good way to find out more about your symptoms and can be used to decide on the best treatment for you. There is a chart included at the end of the booklet, which you could use to note down your answers.

Tests for which you may need to go to hospital

Your GP may decide that you need to be seen by a doctor who specialises in treatment of the prostate called a urologist. You may also see a nurse who specialises in this type of condition too.

Urine Flow Measurement

If your prostate is blocking the opening from your bladder, this will make passing urine a lot slower. There is a machine to test this. The flow test works best if you pass a lot of urine more than 200mls ie a paper cup, so you might be asked to go into the hospital with a *comfortably* full bladder (but do not overfill your bladder) or you might be given water to drink and wait until your bladder is full. All you have to do is pass urine into a funnel-shaped container and all the measurements are recorded automatically!

Ultrasound Scan

An ultrasound scan is used to look at your kidneys but can also measure how well your bladder is emptying. A doctor or radiographer (a radiographer deals with x-rays) runs a small probe over the surface of your tummy.

Trans Rectal Ultrasound Scan (TRUS)

This is done when having a prostate biopsy. Sometimes to get a better picture and see the size of your prostate, you will be asked to have a Trans Rectal Ultrasound scan. This may be done by the urologist or a specialist nurse. A small, ultrasound probe is coated with gel and gently passed into your back passage. It works by giving out sound waves. The echoes from the sound waves give a clear picture of the shape and size of your prostate which the doctor can see on a screen. You may find this uncomfortable, but it shouldn't hurt and it shouldn't take too long. You will need to make sure you have a bowel movement so your back passage is empty before going for your appointment.

Cystoscopy

This is usually done in the day bed area in hospital or in an outpatient area of the hospital so you shouldn't need to stay overnight.

Some people are given a sedative to help them relax whilst the examination is done.

Some 'jelly' with an anaesthetic in it is squeezed into the urethra (the tube that takes urine out of the bladder). This helps to reduce any discomfort.

The doctor gently passes a small, flexible tube (called a cystoscope) which

has a camera on the end into your urethra up through your penis. This is to examine your bladder and your urethra. As it shows up on a screen you may be able to see inside your bladder if you want to!

The whole thing should only take between 5 – 10 minutes.

Then the doctor will gently pull the cystoscope out.

Afterwards, you may feel a bit sore or have a burning feeling when you pass urine. You may need to pass urine more often or you may see a little blood in your urine, but this should stop after a few days. If it doesn't or you find it difficult to pass urine, contact the clinic or your GP.

Can BPH be treated?

Yes it can. There are a number of different treatments available. You should talk them over with your doctor or specialist nurse. Your doctor should be able to find a treatment that helps your symptoms and improves your quality of life. There is more information about different treatments on page 16 in this booklet.

To help you decide what is best for you, ask yourself:

- If I had to spend the rest of my life with my symptoms as they are now, how would I feel?
- How much do my symptoms stop me doing what I want?
- How much do my symptoms affect life with my partner?
- Do I want to take regular medication?
- Would I consider an operation?
- Which would I rather do – have an operation or take regular medication?

You might want to ask your doctor:

- How will this treatment help me and improve my symptoms?
- How long could these improvements last?
- Will I need further treatment in future and if so, what kind?
- Are there any risks, side effects or complications with this type of treatment?
- How quickly could this treatment work?
- How long will I need to be on treatment?
- Will the treatment for BPH affect the other medications I take?

Talking to your GP

Make a list of everything you want to ask before your appointment.

This might include advice about your weight, exercise, over-the-counter medicines and any herbal supplements that you take.

By telling the doctor about all your symptoms and worries, you will be able to decide together on the treatment most suitable for you and make the best choices to keep you as healthy as possible.

There are some questions you might like to ask your doctor included in the flap at the back of this booklet.

After treatment what happens now?

First of all your symptoms should improve. If your symptoms are not too troublesome and you've chosen lifestyle change with active monitoring, then you can be confident that this is the right decision for you. With all treatments, your GP, doctor or nurse at the hospital will want to keep a check on how you are. You may be given regular follow up appointments or asked to keep a note of your symptoms and how you are feeling so that any changes can be discussed and, if necessary, your treatment changed. If you are worried or have any concerns, it is important to let your doctor or specialist nurse know so you can talk them over. BPH may have had an effect on your life and made it difficult to do the things you used to take for granted - like going to social occasions or having a hobby or leisure interest. So it's not surprising that it may have affected how you feel. Perhaps you were anxious or a bit depressed. Depression can affect us in many ways - loss of appetite, not sleeping and not being able to concentrate. You might have felt unhappy and had no energy. This may then make you worry or feel a bit fearful about what the future holds. If this sounds like you then speak to your doctor or specialist nurse for more advice.

What effect will this have on my quality of life?

Once your treatment is working then you should start to feel so much better! Although it can be embarrassing talking about BPH and its symptoms, confiding in your partner helps you both to understand what's happening with your body and how you are feeling.

If you were off work after surgery then you should be able to return to work after a few weeks. Work colleagues may notice the difference in how much better you are and that you are not making so many trips to the toilet! There is no reason why you shouldn't have the confidence to enjoy your hobbies and interests again, provided you have given yourself enough rest after any surgery.

Is there anything I can do?

Drinks

- Don't drink too much before bedtime. This can really help to reduce night time trips to the toilet
- Cut down on caffeine. Caffeine, found in tea, coffee and cola drinks, can increase the amount of urine your body produces. Remember, energy and performance drinks or energy shots can have a high amount of caffeine added
- Limit alcohol intake. Alcohol can irritate the bladder, making you go to the toilet more often

Over-the-counter medicine

There is a medicine that you can buy over-the-counter to help with the symptoms of BPH called 'Flomax Relief'. It's available from pharmacies after speaking with the pharmacist who will ask you to fill in a short questionnaire to check that Flomax Relief is the right treatment for you. If Flomax Relief seems to be helping with your symptoms then you can carry on taking it. However, you should make an appointment with your GP within 6 weeks just to make sure that your symptoms are caused by BPH and that this is indeed the right treatment for you.

Smoking

If you smoke the best advice is to give up! Although smoking does not cause prostate disease directly, it is linked with many other illnesses. If you are going for a surgical procedure smoking increases risks for you.

Keeping active

Try to have some moderate physical exercise at least five times a week. This could be as easy as walking for 30 minutes every day. If you haven't been used to exercising before then build up gradually until you are able to walk for 30 minutes without being out of breath. Always check with your GP before starting to exercise.

In general

- **Check your medicine cabinet**

Some medicines can make your symptoms worse as they affect your bladder, making it more difficult to pass urine. They include over-the-counter cold medicines and antihistamines. If you have any doubts ask the pharmacist for advice

- **Go when you need to go – and go when you don't**

Go to the toilet as soon as you feel the need. Waiting can stretch the bladder and cause more problems. It's also helpful to go to the toilet whenever you have the chance. This may help cut down on the times when you feel you need to get to the toilet very fast

- **Keep stress in check**

Tension and stress can increase your need to go to the toilet

- **Try what doctors call 'double voiding'**

When you think you're finished, try going again. This helps to make sure your bladder is empty

What if other people ask me about BPH?

In all probability others will have noticed and perhaps even made a bit of a joke out of your visits to the toilet! Once you have been diagnosed with BPH and treatment (if any) started then this should help with a lot of your symptoms.

You can always tell them that, in fact, nearly 1 in every 2 men over the age of 50 will be affected by prostate disease at some point in their life! It may be that some of your friends or relatives have been affected in much the same way as you, but haven't said anything. You have the opportunity to help them understand about prostate problems and coax them to make an appointment to see their GP.

A word for partners

Many men feel uncomfortable talking about urinary or sexual issues, even with their doctor. So, how can you persuade your man to have his prostate checked? The following are tips to encourage him to see the doctor:

- **Talk about it with him**

It can be difficult but it's important that he knows how you are feeling. Maybe you could start by explaining that you have noticed that he is going to the toilet a lot more often and that you are worried about him. Explain that it is much better to have this checked out as early as possible. Point out that if it were you, he would be encouraging you to see the doctor

- **Go with him**

It may help if you offer to go to the doctor with him. It's up to you both to decide on this

- **Get him to think about it**

A night's sleep without constant trips to the toilet, an outing that you don't have to plan around toilet stops!

- **Talk about treatment for him**

Once he has taken that all important first step to see his GP then there is most likely a treatment to help with his symptoms

- **Thank him**

This will not only improve his quality of life but yours too! You can get back to having an undisturbed night's sleep and go back to enjoying outings together again

- **Understand him**

He will probably have a lot of mixed feelings – fear, embarrassment, worry, anxiety and the inevitable 'what ifs'.... Try to understand and encourage him to talk about how he is feeling. The most important thing you can do is get him to see his GP

BPH Treatment

What are the treatment options?

There are three different types of treatment:

- Lifestyle change with monitoring
- Medication
- Surgical procedures

To help you and your doctor decide the best treatment for you, there is information on each of these options in the following section of the booklet.

Lifestyle change with monitoring

This may be a treatment choice for you and your doctor to talk over. Maybe your symptoms don't trouble you too much. In this case, you may feel happy enough living with the symptoms as they are, once you've had BPH diagnosed. That's fine. Your doctor may decide that treatment isn't necessary at this stage and settle on giving you advice on a healthy lifestyle. However, this doesn't mean your doctor is doing nothing.

You will have:

- Usually a regular check-up with your doctor
- Monitoring to see if your symptoms are remaining the same or getting worse

You may have:

- Your urine tested
- Your blood taken to check your PSA level

In addition you may find it helpful if you:

- Make notes about any new symptoms, or if your symptoms are getting worse, and let your doctor know
- Avoid drinking large quantities of fluid at any one time

- Avoid drinks for a few hours before going to bed
- Limit your intake of drinks containing alcohol and caffeine. Caffeine is found in tea, coffee and cola drinks. Remember energy and performance drinks or energy shots can have high amounts of caffeine added
- Exercise regularly. Try walking for about 30 minutes (or more) every day as this can improve symptoms. If you haven't exercised for a long time you should build this up gradually and check with your GP before starting to exercise
- Eat a healthy diet. If you are very overweight try to shed those extra pounds by cutting out sugar and sugary foods, fatty foods and takeaways. If you need help with losing weight, ask if you can be referred to a weight loss clinic.
- Stop smoking. This is good advice for your general health
- Learn to relax if you can and have less stress in your life

You may think about trying herbal remedies. These are not suitable for everyone so speak to your doctor before you take them. Then, if you still want to try them, make sure you buy them from a good supplier. If you are already taking them, it is best to let your doctor know.

Medication

If you find that the symptoms of BPH are affecting your quality of life, or have been getting worse, then your doctor may advise that you begin medication. These medicines don't deal with the cause of or cure BPH, but they can help to deal with the symptoms.

There are two main types of drugs that can be used:

Inhibitors. These can be used to block the natural hormone testosterone that makes the prostate enlarge or get bigger.

Blockers. These are used to relax the smooth muscle at the prostate area.

Later, you may still need to talk over other options with your doctor. Medication may not be suitable if you have other problems such as kidney problems, urinary retention or bladder stones.

Types of drugs	How these work	How quickly they work	How long they can be effective for	Points in favour	Points against
Inhibitors For example Finasteride Dutasteride	These can shrink an already enlarged prostate. They can slow down the rate at which the prostate is enlarging	It may take up to 6 months before this treatment starts to take effect	This treatment may last for several years	Symptoms improve in half of all men with BPH using this treatment. Works best in men with large prostates	May have difficulties in achieving an erection and cause loss of sexual desire. These should be avoided if the partner may become pregnant. If pregnant the partner should avoid handling the pills as these have an effect on male babies during pregnancy. Usually side effects of this medication disappear when the drug is stopped
Blockers Tamsulosin Alfuzosin	These relax the muscle around the bladder neck and within the prostate so there is less pressure on the urethra. This helps improve the flow of urine	These work quite quickly, usually in 2 – 3 weeks	This treatment may last for 3 years or more	Symptoms improve in up to 60% of all men with BPH using this treatment	These can include headache, dizziness, tiredness and stomach problems. Usually side effects of this medication disappear when the drug is stopped. May not be suitable for men with a history of low blood pressure

The doctor may decide it is best to use a combination of these drugs for your treatment. In fact both drugs may be combined into one pill. If your symptoms do not seem to be improving your GP may refer you to a specialist called a urologist. You may also see a nurse who specialises in this type of problem too.

Surgical treatments... Trans Urethral Resection of the Prostate (TURP)

A TURP is the most common type of surgery for an enlarged prostate. After the operation, it should make it easier for you to pass urine and it may relieve your other symptoms.

What happens?

(Please remember that this is general guidance. As treatment procedures may vary slightly from hospital to hospital, ask for more advice from staff at the hospital you are attending).

A long thin telescope is passed into the urethra (water pipe) through the penis. This telescope has a light and an operating insert, called a resectoscope, which has a wire loop.

A controlled electric current is applied to the wire to ‘trim off’ parts of the enlarged prostate. Then a dilute solution called glycine is used to wash away any blood and the ‘trimmings’ from the prostate. The operation lasts about an hour. After the operation, the bladder is washed out through a catheter with a salt solution (normal saline). This is to prevent the build-up of blood clots in the bladder whilst the effects of the operation settle down.

What kind of anaesthetic?

This may be done with an epidural anaesthetic where you will have an injection in your back that makes you numb from the waist down. Alternatively, you may have a general anaesthetic where you will be asleep during the operation. The anaesthetist will usually advise which is the most suitable for you.

Will I have a catheter?

A catheter is a thin, flexible tube that goes up into your bladder, through your penis and drains urine into a bag after your operation. You might notice that there is some blood in your urine, which will clear before the catheter is taken out about 48 hours after your operation. Occasionally, you may be sent home with the catheter still in place. The nurses in the hospital will

show you how to look after the catheter at home and may arrange for a nurse in the community to check on how you are doing.

How long might I be in hospital?

You may be in hospital for 2 - 3 days. Ask at the clinic for more information on how long your stay is likely to be. You will usually be discharged after your catheter has been taken out and when you start to pass urine.

Are there any potential side effects?

- Blood in your urine
After your operation, you may see some blood or small blood clots in your urine, especially around 7 - 10 days after the surgery. This is quite usual and might last for a few days. Don't be concerned unless you are having difficulty passing urine, passing large blood clots or have a lot of discomfort. If this is the case you should contact your doctor.
- Pain or discomfort
For a few days after your TURP, you may have some discomfort so you will likely be given painkillers to help. If you're concerned, or have a lot of discomfort, then you should contact your doctor.
- Frequency
You may find that you need to pass urine frequently for a few weeks after the operation.
- Infection
Sometimes a urinary tract infection (UTI) occurs. Symptoms of a UTI may include; pain passing urine, cloudy or smelly urine or fever. You will be given antibiotics if this happens.
- Incontinence
This means you can't control some urine leaking out. It can be for a short time or sometimes for a longer period.
- Retrograde ejaculation
Most men who have a TURP will experience retrograde ejaculation. This means that at the point of ejaculation nothing will come out of your penis because the semen has passed backwards into your bladder rather than down the penis. It won't do you any harm and will pass out in your

urine the next time you go to the toilet but it will make your urine look cloudy. Retrograde ejaculation can, of course, affect fertility although you shouldn't rely on this as a method of contraception.

How long will these side effects last?

Most side effects and symptoms settle down over 3 - 4 weeks after your operation, although some urinary symptoms such as frequency and urgency may take a bit longer to settle down, and retrograde ejaculation is usually permanent when it occurs.

Getting home

Even though you don't have a wound, you have still had a significant operation and it will take time to recover. Here are a few simple things to help with your recovery:

- Heavy lifting - it's best to avoid lifting anything too heavy for the first 2 weeks or so
- Operating heavy machinery - it's best to avoid this for a short period of time
- Exercise - you should be able to go back to light exercise and activities after a week or so but avoid strenuous exercise for about 6 weeks
- Time off work is usually about 2 weeks
- Driving - it's best not to drive for about 3 - 4 weeks
- Drinking (but not alcohol) - try to drink about eight glasses of water every day to flush the bladder out. Avoid alcohol
- Eating - try to eat plenty of fresh fruit, vegetables, pulses and wholegrain foods to avoid constipation. If you are constipated, you may need a laxative. Ask your doctor for more information about this
- Sexual Intercourse - you should be able to have sexual intercourse about 4 - 6 weeks after surgery, as long as there is no bleeding and you and your partner both feel ready

Trans Urethral Incision of the Prostate (TUIP)

This operation may be more suitable for men with only a slightly enlarged prostate.

What happens?

(Please remember that this is general guidance. As treatment procedures may vary slightly from hospital to hospital, ask for more advice from staff at the hospital you are attending).

This is very similar to a TURP. A tube is passed into the penis then up the urethra (water pipe). One or two small cuts are made where the bladder joins the urethra. This allows the enlarged prostate tissue to spring apart and so it stops squeezing the urethra as much. This means that you should be able to pass urine more easily. So, in this operation no prostate tissue is removed. The procedure takes approximately 20 minutes.

What kind of anaesthetic?

This could be an epidural where you will be numb from your waist down or a general anaesthetic where you will be asleep. Ask the anaesthetist which you will have.

Will I have a catheter?

You will most likely have a catheter for about 2 - 3 days.

How long might I be in hospital?

You will possibly be in hospital for 2 - 3 days.

Are there any potential side effects?

It may be that your symptoms are still the same or may come back after the operation. Then you may need a TURP (see information on TURP above).

Open prostatectomy

An open prostatectomy is not as common now, and is done when the prostate is very large. With the introduction of lasers and other technology open prostatectomy is now very rarely performed for BPH.

What happens?

(Please remember that this is general guidance. As treatment procedures may vary slightly from hospital to hospital, ask for more advice from staff at the hospital you are attending)

During this operation a cut is made low down on your tummy and the prostate is taken out. This major operation usually takes about an hour and will leave a scar.

What kind of anaesthetic?

This will be done with a general anaesthetic.

Will I have a catheter?

A catheter will be put in place during the operation so that urine drains out of the bladder into a bag to allow healing. This will usually stay in place for between 1 - 2 weeks but this can vary in different hospitals. The nurses on the ward or a specialist nurse or doctor at the clinic will be able to give you more information on this.

How long might I be in hospital?

If your recovery goes well you may be in hospital for around 3 - 5 days and possibly up to a week, but this can vary in different hospitals.

Are there any potential side effects?

Having an open prostatectomy can cause short-term problems straight after the operation but there can also be some longer term difficulties. These include:

• Erection problems

Many men have problems in getting an erection after a prostatectomy. You may hear this called erectile dysfunction (ED). This means that you may not be able to get an erection firm enough to have intercourse. This is because the nerves that allow you to have an erection lie next to the prostate and they can be damaged during surgery. However, some men will be able to get an erection a few months after surgery but for some it can take over a year or longer. For some men though, this may be more permanent. There are a number of remedies to help if you have this kind of difficulty. For more information, speak to the specialist nurse at the clinic who may be able to give you more advice or go to www.sda.uk.net (The Sexual Dysfunction Association) or www.impotence.org.uk

• Urinary incontinence

Some men find that after this operation they can't control their bladder very well and need to pass urine very quickly. This can mean anything from dribbling urine to needing to wear urinary incontinence pads. In most cases, incontinence improves after several weeks or months. Speak to the specialist nurse at the clinic for more advice on incontinence and incontinence pads.

• Retrograde ejaculation

After a prostatectomy, you may experience retrograde ejaculation. This means that, at the end of intercourse, nothing comes out of your penis because the semen has passed backwards into your bladder rather than down the penis. It won't do any harm and will pass out in your urine the next time you go to the toilet but it will make your urine look cloudy. Retrograde ejaculation can, of course, affect your fertility although it won't make you sterile.

• Urinary infection

Sometimes you might get a urinary tract infection. You will be given antibiotics if this happens.

• Narrowing (stricture) of the urethra or bladder neck

This means there is a block or the urethra is narrowed, so passing urine may be more difficult. It may require additional treatment to put this right.

• Blood in your urine

After your operation, you may see some blood or small blood clots in your urine, especially around 7 - 10 days. This is quite usual and might last for a few days. Don't be concerned unless you are having difficulty passing urine or passing large clots. Very occasionally, you may need a blood transfusion.

Getting home.....

After any kind of operation it will take time for you to recover and get better. Here are a few simple steps to help with your recovery. The specialist nurse or your doctor may give you more information.

- Heavy lifting - it's best to avoid lifting anything too heavy for the first few weeks
- Operating heavy machinery - it's best to avoid this for a short period of time
- Exercise - you may be able to go back to very light exercise and activities after a week or so, but avoid strenuous exercise for a couple of months
- Time off work is usually round about 2 weeks but it may be a bit longer. Ask your doctor for more advice
- Driving - it is best not to drive for about 3 - 4 weeks or so
- Drinking (but not alcohol) - try to drink about eight glasses of water every day to flush the bladder out
- Constipation - try to eat plenty of fresh fruit, vegetables, pulses, wholegrain foods and have at least 2 litres of fluid each day to avoid constipation. If you are constipated, you may need a gentle laxative. Ask your doctor for more information about this.
If you have difficulty in moving your bowels then try to include more fibre in your diet and have at least 2 litres of fluid each day. Ask your doctor if there are any medicines you can take to help if this continues to be a problem.

You may be given information from the ward about who to contact if you are worried or have problems after you go home. If not then you should contact your GP or NHS 24.

Going back to the clinic.....

You will get an appointment to attend the urology outpatient department in about 6 weeks. At this appointment, you will be asked how you are, hear about your results, have your wound examined and have your PSA level checked.

Less invasive treatments

There are other newer ways of treating BPH which are less invasive. These treatments may be available in individual hospitals but not all hospitals will have all the treatments, and some are still only available as part of a trial.

The potential advantages of these treatments include:

- Shorter stay in hospital
- Shorter recovery time
- Reduced risk of some of the possible side effects such as incontinence, erection problems and infections
- Earlier removal of the catheter

Holmium Laser Enucleation of the Prostate (HoLEP)

A fine telescope-like instrument is passed into your urethra through the penis. The high powered laser is then inserted through this instrument and is carefully used to remove the excess prostate tissue that is causing blockage in the urethra. As the laser seals the blood vessels in the prostate there is very little blood loss with this treatment.

You may have a general anaesthetic where you will be fully asleep or a spinal anaesthetic where you will be numb from the waist down. The procedure usually takes between 60-90 minutes. You will have a catheter at first but usually it will be taken out before you go home. Most men go home the day after their surgery but this depends on individual circumstances.

Green Light Laser (GLL)

A fine telescope-like instrument is passed into your urethra through the penis. A high powered 'green laser' is then inserted through this instrument and vaporises (destroys) the enlarged prostate tissue. Since green light laser seals the blood vessels as it vaporises, there is usually very little blood loss.

The procedure will usually be done with a general anaesthetic and most men are able to go home within 24 hours and some on the same day. Although you will have a catheter this may be taken out before you go home.

HoLEP and Green Light Laser are steadily becoming more readily available in hospitals throughout Scotland. If you are interested, please ask your Urologist if you are suitable for this type of treatment and ask if you can be referred.

Spotlight on Guide

If you would like additional information a new guide will shortly be published: "Spotlight on TURP and Laser treatments for an enlarged prostate".

High Intensity Focused Ultrasound (HIFU)

A probe is inserted into the rectum and high energy ultrasound can be targeted at the prostate, because the prostate is next to the rectum. The procedure requires sedation or a general anaesthetic and is currently not available in Scotland.