

Problems with your plumbing?

Going again?

Caught short?

Going often during the night?

Trouble going?

Sound familiar?

Problems peeing could be a sign of Benign Prostatic Enlargement (BPE) or an enlarging prostate

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What might happen when I see my GP?

Urine sample.

The GP may ask for a urine sample to check it for blood, glucose (a type of sugar) or for any signs of infection in your bladder or kidneys.

Digital rectal examination (DRE).

The GP may want to examine your prostate. For this, you will be asked to lie on your side and the GP will slide a gloved finger into your back passage checking the size and shape of the prostate, feeling for any lumps or hardened areas. Although this might be a bit uncomfortable it shouldn't be painful and usually it doesn't take very long. Although, you may worry about this examination and may find it a bit embarrassing, the GP will understand how you might be feeling.

PSA blood test.

This is a simple test to take a small sample of blood from your arm to measure the amount of PSA in your blood. As those who have a prostate get older or if the prostate is damaged or enlarged more PSA can leak out into the blood so giving a higher PSA level. At the moment, the PSA test is the best test available to check for any problems in the prostate. However, there are benefits but there are also drawbacks in having this test. You can discuss the PSA test with your GP. The PSA test is best used as a guide for the GP or urologist to make a diagnosis on what might be going on. You will find more information on the PSA test on our website and our guide 'PSA – Get the knowledge'

<https://www.prostatescotland.org.uk/wp-content/uploads/resources/The-PSA-Test.pdf>

Early detection, diagnosis and treatment of prostate problems is key to improving the quality of life for those affected by prostate disease.

What is the prostate?

Only men (and those born biologically male) have a prostate. It starts out about the size of a pea slowly growing to about the size of a walnut in their 20s. Around 40 years, it starts to grow or enlarge, and this may cause problems when passing urine.

The prostate is inside the pelvis, just below the bladder and in front of the back passage. It can't be seen or physically examined from outside the body. It wraps around the tube, called the urethra, which allows urine to flow from the bladder out of the body.

What does the prostate do?

For some who have a prostate, it supplies the fluid to protect and nourish sperm during intercourse. It also makes Prostate Specific Antigen (PSA). Because some PSA leaks out of the prostate into blood it's normal to find PSA in your blood. This can be measured by a simple blood test and is called the PSA level.

What is BPE?

BPE is caused by the enlarging prostate squeezing on the urethra and can result in the bladder not being able to store as much urine. Common symptoms are:

Having to get to the toilet fast with a risk of getting caught short

Peeing more often than before during the day and more often during the night

Recognise these traits in you/someone you know?

Taking longer to empty the bladder with a weak, dribbly flow of urine. Having to push or strain to start peeing.

Planning journeys knowing where there are toilets along the way. Sitting in an aisle seat to make a quick exit.

If this sounds familiar, then it's time you made an appointment with your GP.

Lifestyle changes

Weight

For those with a prostate and who are overweight, it's more likely that they might develop Benign Prostatic Enlargement (BPE) So, shedding those extra pounds is important. Make a start by cutting down on sugar, cakes, chocolate, chocolate biscuits, sweets, puddings, chips, fried foods, crisps and take-aways.

Healthier diet

Have at least 5 portions of fruit and vegetables each day. Switch to having wholegrain cereals and wholemeal bread. Reduce the number of times you have red and processed meat each week. Choose chicken and fish instead.

Drinks

If peeing often during the day and night, cut down on caffeine and don't have a tea, coffee, juice etc for a few hours before bedtime. Tea, coffee, green tea, cola type drinks, energy and performance drinks or shots all contain caffeine. Replace some of these with de-caff varieties. Alcohol can irritate the bladder making you pee more often.

Keeping active

Aim for at least 30 minutes of moderate exercise at least 5 times a week - brisk walks, swimming, gardening, bowling, golf, dancing. This may help with everyone's general health and feeling of well-being and may help if you need to lose weight. If you haven't exercised for a long time you will need to build this up gradually and always check with your GP before starting to exercise.

Smoking

Smoking can affect your health in many ways, so the best advice is to give up. But it can be difficult. It may be worth discussing this with your pharmacist, GP or local stop smoking adviser.

Why?

Your GP may be able to help with these bothersome symptoms and help improve your quality of life. Let you get back to doing the things you enjoy without worrying where the nearest toilet is.

Almost 1 in 2 men over 50 might be affected by an enlarging prostate.

What might happen when you see your GP?

Your GP will ask how you are feeling and some questions about peeing. Such as:

- How often do you pee? Is it less than 2 hours between trips to the toilet?
- How often you stop and start when peeing?
- How often you feel you've not emptied your bladder completely?
- How many times you are up to pee during the night?
- Do you have any pain when you pee?
- Is there blood in your pee?

You may be asked how long you've had these symptoms, if you think they're getting worse then asked to fill in a questionnaire about your symptoms. There is a similar symptom-checker on our website www.prostatescotland.org.uk that you can do at home, print off and take along with you when you see your GP. This might help you explain your symptoms.

If it is BPE, can it be treated?

Your GP or urologist can treat the symptoms of BPE. They might:

- Give advice on changing your lifestyle.
- Prescribe a medicine to help.
- Refer you to a urologist. As medicines don't relieve symptoms for all people you may be considered for surgery or other less invasive treatments.

Check out treatments by urologists on the fold down page.

Not all problems with the prostate will be prostate cancer or will lead to prostate cancer.

Medication

If symptoms of BPE are affecting your quality of life, or are getting worse, your GP or urologist may prescribe medication. These medicines don't cure BPE but can help with symptoms.

Blockers (these can be thought of as relaxers)

These are used to relax the smooth muscle around the neck of the bladder and the prostate.

Inhibitors (these can be thought of as shrinkers)

These are used to block the natural hormone testosterone that makes the prostate enlarge.

There is an over-the-counter medicine from pharmacies to help with the symptoms of BPE, called 'Flomax Relief'. Speak to the pharmacist for more information.

Is there anything I can do to help myself?

If you're struggling with incontinence (leaking urine) then you might try pelvic floor exercises (PFEs). Your pelvic floor muscles are like an elastic hammock that stretch from front to back and side to side under your prostate. A specialist physio or clinical nurse specialist can give more advice on PFEs. On our website, you'll find our 'Pelvic floor exercises booklet' and 2 films by physiotherapists from NHS Lothian who explain PFEs <https://www.prostatescotland.org.uk/help-and-support-for-you/pelvic-floor-exercises>

Before doing PFEs check with your physiotherapist, CNS, urologist or GP, that these are suitable for you.

Developed by Prostate Scotland and reviewed by our Advisory Group this leaflet is not intended to replace medical advice or seeing a GP for a specific illness/symptoms.

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A quick look at surgery and the less invasive procedures

Not all the treatments outlined below will be suitable for all those with an enlarged prostate. Your GP or urologist will consider your test results and your individual circumstances when recommending a specific treatment(s). For example: if you have other health conditions, your PSA level, if you can have a general anaesthetic, side effects, size of the prostate, how well urine flows. Not all the treatments described below are available in all health boards. For more information on BPE, treatments and side-effects, please see our booklet 'BPE explained' on our website.

TURP (transurethral resection of the prostate)

TURP is to make it easier for you to pee by 'trimming away' the extra prostate tissue squeezing on your waterpipe (urethra). Your prostate is not taken away completely.

- A long thin 'telescope' tube and an instrument called a resectoscope which has a wire loop is passed into your urethra.
- A controlled electric current is passed through the wire loop to 'trim off' parts of the prostate squeezing on the urethra.
- Normally a TURP is done with a general anaesthetic (asleep) but sometimes with a spinal anaesthetic that makes you numb from the waist down.
- A TURP usually takes about 45 – 60 minutes.
- You may be in hospital for 2-3 days.
- Afterwards your prostate will be a little raw and you may have some discomfort or pain for the first few days.
- You will have a catheter for around 24 hours, but some may go home with a catheter for a few weeks.
- For a few days, you might have slight discomfort, find blood in urine and an urgency and frequency when you need to pee.

Some of the 'trimmings' from your prostate are collected and will be examined for any other changes in the prostate. You will normally get the results of this about 2-3 weeks after your operation.

Follow-up appointments are around 6 – 12 weeks after your operation.

Urolift (small permanent implants)

- A device lifts extra prostate tissue away from the urethra.
- Then two or four special fasteners are placed to permanently hold the excess prostate tissue back from the urethra.
- Usually, it's done with local anaesthetic, with or without sedation. (medication to make you feel drowsy)
- It takes about 10 – 20 minutes to do and most people will get home the same day.
- For a few days, you might have slight discomfort, find blood in urine and an urgency and frequency when you need to pee.
- You may have a follow up appointment in around 6 weeks.

iTind

- The iTind device is in folds. It is placed into the part of the urethra that is inside the prostate.
- Over 5-7 days it slowly opens out and expands.
- This applies gentle pressure in three specific places to push out/reshape the urethra.
- This re-shaping widens the urethra helping urine flow more easily.
- This is done as an outpatient procedure and usually you will go home after a few hours.
- You may have a feeling of pressure around the perineum, needing to pee more often and urgently, some blood in urine, a burning feeling when you pee.
- These normally resolve when the device is taken out. After 5-7 days the urologist will completely remove the device.

Green Light Laser (GLL)

GLL is to make it easier for you to pee by 'lasering' (heating up and destroying) the extra prostate tissue squeezing on your urethra. Your prostate is not 'lasered' away completely.

- The surgeon passes a small, telescope-like instrument, called a cystoscope, into your urethra.
- The GLL is led in through this 'telescope'. The laser is carefully controlled to heat up and destroy (you may hear this called vapourise) the extra tissue squeezing the urethra.
- GLL can be done with a general anaesthetic (asleep) but some may have a spinal anaesthetic that makes you numb from the waist down.
- GLL usually takes around 45-90 minutes.
- You may be in hospital for 2-3 days.
- Afterwards your prostate will be a little raw and you may have some discomfort or pain for the first few days.
- You will have a catheter for around 48 hours, but some may go home with a catheter for a few weeks.
- For a few days, you might have slight discomfort, find blood in urine and an urgency and frequency when you need to pee.

As the extra prostate tissue has been destroyed, tissue can't be examined for any other changes in the prostate. But you will have a PSA test before your operation. Follow-up appointments are around 6 – 12 weeks after your operation.

Rezūm

Rezūm uses steam to remove the extra tissue in the prostate that is squeezing on the urethra.

There are 2 pieces of equipment used:

- i A special machine to heat sterile water turning it into steam.
- ii A special small needle that has holes and delivers the steam to shrink/kill the cells in the extra prostate tissue.

- The special needle which also has a camera at the tip is passed into the urethra.
- The camera guides the urologist to pinpoint areas in the prostate to be treated.
- Once the special needle is in the correct place, short bursts of steam of around 9 seconds destroy the extra prostate tissue.
- Then the special needle is moved to the next area and the procedure repeated.
- You may have a general anaesthetic (asleep) or spinal anaesthetic.
- Treating the prostate tissue only takes around 10-20 minutes.
- As the prostate can swell you will have a catheter for around 3-7 days.
- You will most likely be in hospital for a few hours or occasionally overnight.
- For a few days, you might have slight discomfort, find blood in urine and an urgency and frequency when you need to pee.

Around 3-7 days you will have a check to see if your catheter can be taken out. A follow up appointment will be arranged in about 6 – 12 weeks.

Holmium Laser enucleation of the prostate (HoLEP)

HoLEP is to make it easier for you to pee by 'peeling off' the extra tissue with a laser. Then a special surgical tool grinds up the extra tissue into tiny pieces which are washed out.

- The surgeon passes a small telescope-like instrument, called a cystoscope, into your urethra.
- The laser is led in through this 'telescope'. The laser is carefully controlled to 'peel off' the extra tissue squeezing the urethra.
- A morcellator grinds up the extra tissue into tiny pieces which are washed out of your bladder.
- HoLEP can be done with a general anaesthetic (asleep) but some may have a spinal anaesthetic that makes you numb from the waist down.
- HoLEP usually takes around 1 -3 hours.
- You may be in hospital for 1-2 days.
- Afterwards your prostate will be a little raw and you may have some discomfort or pain for the first few days.
- You will have a catheter overnight, but some may go home with a catheter for a few weeks.
- For a few days, you might have slight discomfort, find blood in urine and an urgency and frequency when you need to pee.

Some of the 'peelings' from your prostate are collected and will be examined for any other changes in the prostate. You will normally get the results of this about 2-3 weeks after your operation. Follow-up appointments are around 6 – 12 weeks after your operation.

Prostate Artery Embolisation (PAE)

PAE means that a small needle with a thin tube is put into the artery in your groin. These are carefully guided into the arteries in your prostate. Once there, tiny plastic-type balls (around the size of a grain of sand) are released to block off the blood supply. As a result, the prostate shrinks in size.

- Lying flat on a bed, you will be given some local anaesthetic into the artery in your groin.
- A special needle with a very fine tube is guided to the artery in the prostate and a dye run through to make sure the tube is in the correct place.
- A fluid with hundreds of the tiny balls is released into the tube to block the blood supply to the prostate. (called embolise)
- The tube is taken out, but you will need to lie flat and very still for another couple of hours.
- You only need some local anaesthetic where the needle with the tube is put into your groin and artery.
- The procedure takes about 2 hours, but you will need to spend up to 6 hours in the day bed area.
- It is very unusual to go home with a catheter.
- For a few days, you might have slight discomfort, find blood in urine and an urgency and frequency when you need to pee.

You may be given an appointment for the radiology clinic for about 6-8 weeks after PAE.

If there is a treatment that you think would be most suitable for you and it's not available in your health board area, then there may be a way that you could be considered and referred for this treatment. This is called an 'Out-of-area-referral'. You would need to speak to your GP or consultant urologist for more information and guidance. You must bear in mind that your consultant urologist/GP knows your particular circumstances best and may reach the decision that the particular treatment you favour would not be appropriate for you.