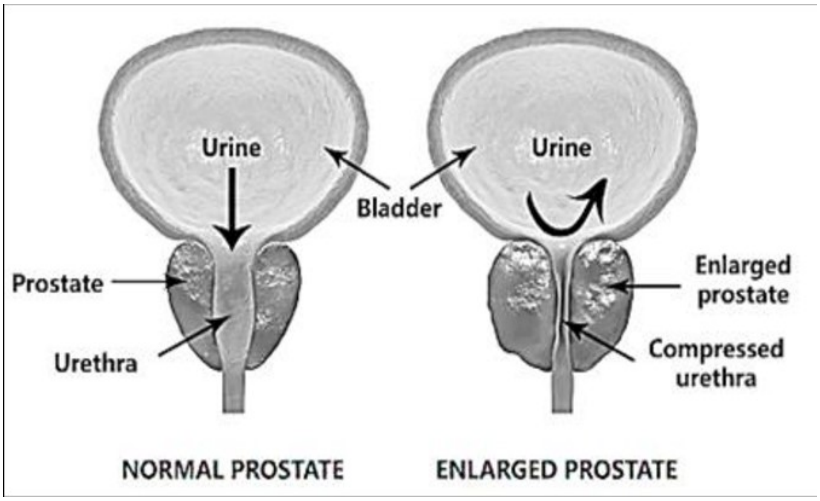
MIDTOWN UROLOGY

Benign Prostate Hyperplasia (BPH)

What is BPH?

Benign prostatic hyperplasia, also referred to as BPH, is a common urological condition among men that is benign, noncancerous enlargement of the prostate gland. It is a normal process in men caused by changes in hormone balance and cell growth. BPH occurs in almost all men as they age. BPH is not cancer and does not predispose one to cancer. About half of all men over the age of 50 have some symptoms, but younger men may also experience symptoms.



The prostate is a gland that surrounds the urethra (the tube that carries urine from the bladder out of the body). It is responsible for producing seminal fluid. As the prostate gets bigger, it may squeeze or partly block the urethra. This is referred to as an “obstructing prostate.” An obstructing prostate can be large or small - the size of the prostate is not indicative of obstruction. Obstructing prostates cause problems with urinating such as:

-Trouble getting a urine stream started

-Dribbling at the end of urination

-Frequency

-Urgency

-Weak or slow stream

-Stopping or starting during urination

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-A sense that your bladder is not completely empty

-Voiding very small amounts frequently

-Getting up many times at night to urinate

These symptoms are not only bothersome to one's lifestyle, but can also make one more susceptible to urinary tract infections, prostate infections and can deteriorate the function of the bladder if left untreated.

In a small number of cases, BPH may cause the bladder to be blocked, making it impossible or extremely hard to urinate (urinary retention). This is a medical emergency and requires treatment with a foley catheter.

BPH is typically managed with medications, some of which help relax the muscles around the prostate in order to provide a larger channel for urine to flow. Other medications work by shrinking the prostate overall.

The effectiveness of medications and the combination of medications are individualized to each patient and their medical history. For some men, over time, medications are no longer effective in managing BPH symptoms and surgery is necessary.

Why do I need surgery?

Surgery is indicated if medical management is no longer successful or patients cannot tolerate the side effects associated with the medications. Surgery is not only helpful in treating BPH symptoms that are disruptive to one's lifestyle, but also in preserving bladder function and preventing urinary retention.

Why do I do I need to do a urodynamic or urocuff study before surgery?

We may ask that a urodynamic or urocuff study be performed before scheduling surgery. This study helps evaluate the degree of prostate obstruction, the current function of the bladder and helps your provider determine or confirm the best intervention for your situation.

Why do I need a TRUS (Trans rectal ultrasound) before surgery?

A TRUS is the easiest way to assess the size of the prostate. This may be necessary before your procedure to confirm your prostate size and eligibility for certain procedures.

Why has cardiac clearance required of me before surgery?

Some patients have a complicated cardiac history or certain risk factors that require a cardiologist to clear them for surgery. In those cases, we will provide referrals if you do not currently have a cardiologist. When you call the cardiologist office to schedule your appointment, please mention the date of your surgery and that Midtown Urology is referring you to their office for cardiac clearance. The cardiologist will go over what is involved in obtaining clearance. Clearance must be obtained before surgery in order to proceed.

Why has lab work been ordered for me before surgery?

Oftentimes, we will assess blood work before surgery. This will be performed by the surgery center or by a lab. Your Provider will determine which, if any, labs will be required prior to your surgery.

What types of surgeries are indicated?

There are many different options for intervention depending on your situation.

These options can be categorized as either in-office procedures or surgical procedures that are performed in an operating room. Your provider will discuss which procedure is most appropriate for you.

Minimally Invasive Surgical Therapies (MIST)

Some interventions are performed in the office without the use of general anesthesia. Your comfort will be achieved by numbing your prostate (prostate block) and lidocaine to numb the penis. Nitrous oxide (laughing gas) is also available to help keep you relaxed during the procedure.

Urolift: a minimally invasive procedure in which small, permanent implants are placed in the prostate to "lift" and hold prostate tissue out of the way, relieving pressure on the urethra and allowing urine to flow. There is no cutting, heating or removal of prostate tissue. The number of implants will be determined by the size and length of your prostate. Most patients will receive 4-6 implants, but your Provider will ultimately determine the number of implants that you receive. Most patients will leave the office without a catheter.

Rezum: a non-surgical treatment that utilizes steam to remove prostate tissue. During the Rezum procedure, sterile water vapor is released throughout the targeted prostate tissue. Your body's natural healing response absorbs the treated tissue, shrinking the prostate in the process. The length and number of treatments will be determined by your Provider. Patients will leave with a catheter in place and be removed one week later.

iTind: a temporary implanted tissue-expanding device. The minimally invasive iTind procedure delivers rapid and effective relief from BPH symptoms. Through gentle pressure on the tissue, the iTind implant reshapes the tissue of the prostatic urethra and the bladder neck. After 5-7 days, the iTind device is removed.

Surgical Interventions

Some interventions will require general anesthesia in an operating room. Typically, these procedures are performed in an outpatient setting and you will go home the same day as the surgery. Certain situations will require that you stay overnight at the surgical center. Oftentimes a catheter will be placed after your

procedure. This catheter will be removed in our office in the days following your surgery. Your Provider will discuss this in greater detail.

TURP (Transurethral Resection of Prostate): Removal of obstructing prostate tissue with a resectoscope that has a wire loop on the end that is able to cut tissue and seal blood vessels to prevent bleeding. Your provider will use the wire loop to remove prostate tissue and create a larger opening for urine to leave the body.

GreenLight Laser Therapy: Removal of obstructing prostate tissue with a laser that vaporizes the obstructing prostate tissue with minimal bleeding.

Aquablation: Removal of obstructing prostate tissue with an image-guided high-pressure water jet to precisely remove excess prostate tissue and create the larger opening for urine to leave the body.

HoLEP (Holmium Laser Enucleation of the Prostate): Maximal removal of all internal tissue of the prostate using a laser. Only the external shell of the prostate is left behind.

What are the benefits of surgery?

Surgery allows you to discontinue the medications prescribed for your obstructing prostate. It allows for dramatic improvement in urinary symptoms including less frequency, less urgency, reduction in getting up at night, better force of stream and complete emptying of the bladder. It also allows you to potentially avoid urinary retention in the future. It is often the only method to restore normal urinary function if medications are no longer effective. There are many different procedural options for clearing tissue from the prostate, and each of them have certain pros and cons.

What should I expect?

You will need a driver to and from the surgical center. Typically, the surgery itself is approximately 1 hour, but you will be in the surgery center for preparation for the surgery and recovery after. You will be sent home with a foley catheter in place. It is recommended you take off the day of surgery and the day after surgery.

Pre-surgery

You will hear from our office shortly after it is decided to proceed with the surgery. Our surgery scheduler will notify you of the date, time and location of the surgery. We will call in prescriptions for you to pick up prior to the procedure, if not already done so at your office visit. The surgery center will usually contact you 24 hours before the surgery to go over instructions and get a thorough medical history. Also, the surgery center will go over insurance coverage of your surgery, but it is also recommended you discuss the potential costs with your insurance company directly if you are insured. Below are specific instructions before surgery:

1. Pick up prescriptions.
2. Discontinue any blood thinners, including aspirin, approximately 7 days before the surgery.
3. Disclose all medical and surgical history to Midtown Urology and the surgery center, including any medications or supplements that you take.

4. Secure a driver to and from the procedure.
5. If cardiac clearance has been requested, we ask that this is done as soon as possible as our office must be notified of the results before surgery.
6. If any blood work has been ordered, we ask that this is done as soon as possible as our office must be notified of the results before surgery.

Day of Surgery

Most surgeries take approximately one hour depending on the amount of prostate tissue that may be removed. Although the surgery is short, you will likely spend most of the day at the surgery center being prepared for the surgery and waiting for you to be alert after the procedure. We will speak with anyone that you give permission after the surgery to inform them of how the surgery went and provide any specific post-surgery instructions.

You will go home with a Foley catheter in place. It will be removed in our office shortly after surgery.

1. Once you are awake and alert after the surgery, you will likely be sent home unless admitted to the hospital.
2. Finish your prescribed antibiotic. All other prescribed medications for surgery can be used as needed. The reasons to use the medications and instructions will be on the medication bottles.
3. You can continue to use your prescribed prostate medications until you are seen in our office for the voiding trial.
4. We will call you usually the day after surgery to see how you are doing and schedule a follow-up appointment (voiding trial) in our office in order to remove the foley catheter.
5. You are not to perform any strenuous activity.
6. Hydrate well with water. Stay away from foods and drinks that may irritate your bladder. (spicy foods, caffeine, acidic foods and drinks and alcohol)
7. You may restart blood thinners approximately 5 days post-surgery, if your urine is clear, however if you see blood in your urine after your catheter is removed, you are to discontinue any blood thinners (including aspirin), if able, and hydrate well with water. When your urine clears you can restart your blood thinners. This may be an ongoing process.

Post-Surgery

You will have a catheter when you are sent home from surgery. The catheter may be left in place for 1-7 days depending on your provider's instructions. This is to help urine to pass initially after the surgery. It is normal to see blood, tissue and sometimes clots in the catheter bag. Discomfort is also normal and will subside once the catheter is removed. We ask that you still do not restart blood thinner, including aspirin and hydrate well with water.

When we call you after surgery we will set up the office visit in which the catheter will be removed. This is a called a voiding trial. It is important that you are still taking your antibiotic. If your urine is not clear of blood/clots then we may choose to postpone the Foley catheter

removal. Removing a Foley catheter may be uncomfortable and you can take a Motrin before the visit.

During a voiding trial, we will fill your bladder with sterile water while the Foley catheter is still in place. Once you have an extreme urge to urinate we will remove the Foley catheter and you will urinate as much as you can.

We will discuss normal expectations after surgery at this time. We also provide an in-and-out catheter and lubricant and will show you how to use it if needed. This is only needed if you are unable to urinate post-surgery. It is not common that men use the catheter, but it is sometimes necessary to prevent you from going to the ER.

Once the voiding trial is completed, we ask that you schedule an appointment for 3 months. You may go home or back to work directly after the voiding trial.

We will call you the day after the voiding trial to see how you are doing and answer any further questions.

We ask that you follow the below instructions after the voiding trial.

1. No strenuous activity for 3 weeks, including intercourse.

2. If there is blood in your urine, you are to stop blood thinners (including aspirin) if able, and hydrate well until your urine is clear. You can then restart your blood thinner. This may happen multiple times.

3. Finish your antibiotic.

4. Do not consume dietary irritants for at least 3 weeks including caffeine, nicotine, alcohol, spicy foods, acidic foods and drinks.

5. Hydrate well with water.

6. If you have to use the in/out catheter, you are to notify our office

7. Stop any medications prescribed for your prostate after 5 days.

We will see you in the office again in 3 months for a follow-up appointment.

What are normal expectations after surgery?

-Once the catheter is removed, you may experience burning with urination, frequency, blood or tissue in your urine. This is all normal and should subside within 2-3 weeks. Hydrate well with water.

-Over the next 3 months you may notice tissue or blood occasionally in your urine. This is part of the healing process (scar tissue) and will subside.

Immediately after surgery you may experience

-Over the next few months your urinary symptoms (getting up at night, frequency, urgency, frequent infections, incomplete emptying, dribbling, etc.) should improve dramatically.

Will I need repeat surgery or to go back on medications?

After most surgeries you are able to discontinue most medication previously prescribed for your prostate. In some cases, it is necessary to return to using them or have a repeat surgery, but this is rare.

What are the risks?

Every surgical procedure includes risk:

-Excessive bleeding

-Severe pain

-Infection

-Need for repeat surgery

-Urinary retention

When do I need to call the office?

We ask you contact our office if you have:

-Symptoms of infection

-Bleeding that won't resolve even after stopping blood thinners

-Inability to urinate

-Used the self-catheter

-Severe pain

Important Contact Information

Midtown Urology

911 W. 38th Street, Suite 200

(512) 451-7935 phone

(512) 451-7965 fax

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If you need to reach the doctor after hours for an urgent matter, please call our office at 512-451-7935 and follow the prompts to be connected with the on-call provider.

You may also go to Seton Main Emergency Room on 38th and N. Lamar. Please only go to this hospital as our physicians have privileges there.

Hospital for Emergencies

Seton Main Medical Center

1201 W 38th St, Austin, TX 78705

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